NEBRASKA

Administrative Code

Title 206: Behavioral Health Services and Utilization Guidelines

Nebraska Department of Health & Human Services

ADULT MENTAL HEALTH AND SUBSTANCE USE DISORDERS

- ✓ SERVICE DEFINITIONS
- ✓ UTILIZATION GUIDELINES
- ✓ AMERICAN SOCIETY OF ADDICITION MEDICINE (ASAM)
  - PATIENT PLACEMENT CRITERIA

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH
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Table of Contents

Table of Contents – Alpha

CRISIS/EMERGENCY SERVICES – MENTAL HEALTH

SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	EMERGENCY PSYCHIATRIC OBSERVATION
Funding Source	Behavioral Health Services Only
Setting	Hospital
Facility License	As required by DHHS Division of Public Health
Basic Definition	Emergency Psychiatric Observation provides less than 24 hours of care in a secure, medically supervised hospital setting for evaluation and stabilization of acute psychiatric and/or substance use disorder symptoms.
Service Expectations	• A trauma-informed mental health assessment beginning with a face-to-face, initial diagnostic interview and continuing with an emergency psychiatric observation level of care during a period of less than 24 hours. • Substance use disorder screening during the observation period. • Health screening/nursing assessment conducted by a Registered Nurse. • Discharge plan with emphasis on crisis intervention and referral for relapse prevention and other services developed under the direction of a physician (psychiatrist preferred) at admission. • Medication evaluation and management.
Length of Services	Less than 24 hours
Staffing	• Medical Director: Psychiatrist (preferred) or Physician • Clinical Director: APRN or RN with psychiatric experience • LMHP/LDAC (preferred) or LMHP • Registered Nurse • Social Worker(s)
Staffing Ratio	All positions staffed in sufficient numbers to meet hospital accreditation guidelines.

Hours of Operation	24/7
Desired Consumer Outcome	• Symptoms are stabilized and the individual no longer meets clinical guidelines. • Sufficient supports are in place and individual can return to a less restrictive environment. • Admission to a higher level of care if medically appropriate.
Rate	Non Fee For Service

UTILIZATION GUIDELINES
EMERGENCY PSYCHIATRIC OBSERVATION

I. Admission Guidelines

Consumer must meet all of the following admission guidelines to be admitted to this service.

1. The individual presents with symptoms consistent with a psychiatric crisis that requires a period of medical observation.
2. The individual's medical needs are stable.
3. The individual does not meet all inpatient level of care criteria.
4. Based on current information, there may be a lack of diagnostic clarity and further evaluation is necessary to determine the individual's service needs.

II. Continued Stay Guidelines

Consumer must meet all of the following continued stay guidelines to continue receiving this service. N/A

SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	CRISIS STABILIZATION
Funding Source	Behavioral Health Services
Setting	Facility Based
Facility License	MHC or SATC as required by DHHS Division of Public Health
Basic Definition	Crisis Stabilization is intended to provide immediate, short-term, individualized, crisis-oriented treatment and recovery needed to stabilize acute symptoms of mental illness, alcohol and/or other drug use, and/or emotional distress. Individuals in need exhibit a psychiatric and/or substance use disorder crisis with a moderate to high risk for harm to self/others and need short-term, protected, supervised, residential placement. The intent of the service is to treat and support the individual throughout the crisis; provide crisis assessment and interventions; medication management; linkages to needed behavioral health services; and assist in transition back to the individual's typical living situation.
Service Expectations	• Multidisciplinary/bio-psychosocial assessments, including a history and physical, and substance use within 24 hours of admission • Assessments and treatment must integrate strengths and needs in both MH/SUD domain • A crisis stabilization plan, which includes relapse/crisis prevention and discharge plan components (consider community, family and other supports), developed within 24 hours of admission and adjusted daily or as indicated • Interdisciplinary treatment team meetings daily or as often as medically necessary including the individual, family, and other supports as appropriate • Psychiatric nursing interventions are available to patients 24/7 • Medication management • Individual, group, and family therapy available and offered as tolerated and/or appropriate using a brief therapy/solution focused approach • Addictions treatment initiated and integrated into the treatment/recovery plan for co-occurring disorders identified in initial assessment process as appropriate • Intense discharge planning beginning at admission

Service Name	CRISIS STABILIZATION
	• Consultation services available for general medical, dental, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory and other diagnostic services as needed • Access to community-based rehabilitation/social services to assist in transition to community living
Length of Services	The individual's current crisis is resolved.
Staffing	• Medical Director/Supervising Practitioner: Psychiatrist • Clinical Director: APRN, or RN with psychiatric experience • Therapist: Psychologist, APRN, LIMHP, PLMHP, LMHP/LADC (prefer dual licensure) • Nursing: APRN, RN's (psychiatric experience preferred) • Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.
Staffing Ratio	• 1 staff to 4 clients during client awake hours (day and evening shifts); • 1 awake staff to 6 clients with on-call availability of additional support staff during client sleep hours (overnight); access to on-call, licensed mental health professionals 24/7 • RN services and therapist services are provided in a staff to client ratio sufficient to meet client care needs
Hours of Operation	24/7
Desired Individual Outcome	• Symptoms are stabilized and the individual no longer meets clinical guidelines for crisis stabilization • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed with professional external supports and interventions outside of the crisis stabilization facility.
Rate	1 Unit = 1 Day

UTILIZATION GUIDELINES
CRISIS STABILIZATION

I. Admission Guidelines

All *of the following guidelines are necessary for admission to this level of care:*

1. Individual demonstrates a significant incapacitating or debilitating disturbance in mood/thought interfering with ADLs to the extent that immediate stabilization is required; and
2. Individual demonstrates active symptomatology consistent with a DSM (current version) diagnosis which requires and can reasonably be expected to respond to intensive, structured intervention; and
3. Clinical evaluation of the individual's condition indicates dramatic and sudden decompensation with a strong potential for danger
   (but not imminently dangerous) to self or others and individual has no available supports to provide continuous monitoring; and
4. Individual requires 24 hour observation and supervision but not the constant observation of an inpatient psychiatric setting; and
5. Clinical evaluation indicates that the individual can be effectively treated with short-term intensive crisis intervention services and returned to a less intensive level of care within a brief time frame; and
6. A less intensive or restrictive level of care has been considered/tried *or* clinical evaluation indicates the onset of a life-endangering psychiatric condition, but there is insufficient information to determine the appropriate level of care.

II. Continued Stay Guidelines

All *of the following Guidelines are necessary for continuing treatment at this level of care:*

1. The individual's condition continues to meet admission guidelines at this level of care.
2. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
3. Care is rendered in a clinically appropriate manner and focused on individual's behavioral and functional outcomes as described in the discharge plan.
4. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated.
5. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.

6. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.
7. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
8. There is documented active discharge planning.

SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	CRISIS ASSESSMENT
Funding Source	Behavioral Health Service
Setting	Facility Based
Facility License	As required by DHHS Division of Public Health
Basic Definition	Crisis Assessment is a thorough assessment for a consumer experiencing a behavioral health crisis. The Crisis Assessment must be completed by the appropriate professional. The Crisis Assessment takes place in a setting such as a Mental Health Center, Hospital, or Substance Abuse Treatment Center. The Crisis Assessment will determine behavioral health diagnosis, risk of dangerousness to self and/or others, recommended behavioral health service level and include the consumer's stated assessment of the situation. Based on the Crisis Assessment, appropriate behavioral health referrals will be provided.
Service Expectations	• Provide culturally sensitive assessment completed by appropriately licensed behavioral health professional that includes at a minimum: behavioral health diagnosis, risk of dangerousness to self and/or others, and recommended behavioral health services. • Provide referral to appropriate behavioral health service provider(s) based on consumer need. • Ability to complete service 24 hours per day/7 days a week.
Length of Services	N/A
Staffing	• Licensed Psychiatrist or licensed Psychologist for completion of mental health and dual diagnosis (mental health and substance use disorder) assessment. • Licensed Alcohol and Drug Counselor (LADC) for completion of substance use disorder assessment. • Licensed Mental Health Practitioner (LMHP) with appropriate clinical oversight. • All staff must be trained in trauma-informed care, recovery principles, and crisis management. • Personal recovery experience preferred for all positions.
Staffing Ratio	One-to-one direct contact with professional.
Hours of Operation	Ability to provide Crisis Assessment 24/7.

Service Name	CRISIS ASSESSMENT
Consumer Desired Outcome	Upon completion of the Crisis Assessment, the consumer will have received an assessment for a behavioral health diagnosis, an assessment of risk of dangerousness to self and/or others, and a recommendation for the appropriate service level with referrals to appropriate service providers.
Rate	1 Unit = 1 Assessment

UTILIZATION GUIDELINES
CRISIS ASSESSMENT

I. Admission Guidelines

Consumer must meet all of the following admission guidelines to be admitted to this service.

1. Active symptomology consistent with current DSM diagnoses.
2. Risk of harm to self or others.
3. Suicidal, homicidal, or other harmful ideation.
4. Significant incapacitating or debilitating psychiatric condition that interferes with activities of daily living.
5. High risk for psychiatric hospitalization.

II. Continued Stay Guidelines

Consumer must meet all of the following continued stay guidelines to continue receiving this service.

1. Once the assessment is completed, the service ends.

SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	EMERGENCY PROTECTIVE CUSTODY CRISIS STABILIZATION (REGION 5)
Funding Source	Behavioral Health Services
Setting	Facility Based
Facility License	MHC as required by DHHS Division of Public Health
Basic Definition	Crisis Stabilization [Region 5] is designed to provide custody, screening, emergency mental health evaluation, and crisis intervention to individuals placed in emergency protective custody under the auspices of Nebraska Mental Health Commitment Act by law enforcement. Crisis Stabilization services include immediate, short-term, individualized, crisis-oriented treatment and recovery needed to stabilize acute symptoms of mental illness, alcohol and/or other drug abuse, and/or emotional distress. Individuals in need exhibit a psychiatric and/or substance use disorder crisis as defined under the Commitment Act at risk for harm to self/others and need short-term, protected, supervised services. The intent of the service is to treat and support the individual throughout the crisis; provide crisis assessment and interventions; medication management; linkages to needed behavioral health services; and assist in transition back to the individual's typical living situation.
Service Expectations	• Evaluation by a mental health professional as soon as reasonably possible, but not later than thirty six hours after admission [per state statute]. • Provide professional recommendations and testify at Mental Health Board hearings, as needed. • Psychiatric assessment typically completed within a 24-hour period. • Multidisciplinary/bio-psychosocial assessments, including a history and physical • Assessments and treatment must integrate strengths and needs in both MH/SUD domain • A crisis stabilization plan, which includes relapse/crisis prevention and discharge plan components (consider community, family and other supports), developed within 24 hours of admission and adjusted daily or as medically indicated • Interdisciplinary treatment team meetings daily or as often as medically necessary including the individual, family, and other supports as appropriate • Psychiatric nursing interventions are available to patients 24/7 • Medication management • Individual, group, and family therapy offered on a case-by-case basis as determined by the treatment team.

Service Name	EMERGENCY PROTECTIVE CUSTODY CRISIS STABILIZATION (REGION 5)
	• Substance use disorder evaluation completed by a LADC for persons presenting with co-occurring disorders and additions treatment recommendations integrated into the discharge plan. Intense discharge planning beginning at admission • Face to face consultation with psychologist, psychiatrist, or APRN for evaluation and as needed • Consultation services available for general medical, dental, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory and other diagnostic services as needed. Facilitate communication amongst health care providers and law enforcement. • Linkages to community-based rehabilitation/social services to assist in transition to community living.
Length of Services	The individual's current crisis is resolved or the individual is committed to Health and Human Services for inpatient treatment.
Staffing	• Medical Director/Supervising Practitioner (Psychiatrist) • Clinical Director: Psychiatrist, Psychologist, or APRN Program Director • LMHP/LADC availability (prefer dual licensure) • RN's with psychiatric experience • Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.
Staffing Ratio	RN services are provided in a RN/client ratio sufficient to meet patient care needs Other positions staffed in sufficient numbers to meet patient and program needs
Hours of Operation	24/7
Desired Consumer Outcome	• Symptoms are stabilized and the individual no longer meets clinical guidelines for crisis stabilization • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions
Rate	1 Unit = 1 Day

UTILIZATION GUIDELINES
EMERGENCY PROTECTIVE CUSTODY– CRISIS STABILIZATION (REGION 5)

The following guidelines are necessary for admission to this level of care:
1. Individual is placed on emergency protective custody under the auspices of Nebraska Mental Health Commitment Act by law enforcement.

I. Continued Stay Guidelines

***All** of the following Guidelines are necessary for continuing treatment at this level of care:*

1. The individual's condition continues to meet admission guidelines at this level of care.
2. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
3. There is documented active discharge planning.

SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES
System Requirement: REGISTERED
SERVICE DEFINITION

Service Name	24-HOUR CRISIS LINE
Funding Source	Behavioral Health Service
Setting	Non Facility-Based
Facility License	Not required
Basic Definition	The 24-Hour Crisis Line must be answered by a live voice 24 hours a day and 7 days a week and have the ability to link to a licensed behavioral health professional, law enforcement, and other emergency services. The 24-Hour Crisis Line is designed to assist consumers in pre-crisis or crisis situations related to a behavioral health problem. The desired outcome is ensuring the safety of the consumer in a time of distress that has the potential to lead to a life-threatening situation.
Service Expectations	• Perform brief screening of the intensity of the situation. • Work with the consumer toward immediate relief of consumer's distress in pre-crisis and crisis situations; reduction of the risk of escalation of a crisis; arrangements for emergency onsite responses when necessary; and referral to appropriate services when other or additional intervention is required. • Provide access to a licensed behavioral health professional consult when needed. • Establish collateral relationship with law enforcement and other emergency services. • Advertise 24-Hour Crisis Line throughout the Region. • Provide free access to the 24-Hour Crisis Line. • Provide language compatibility when necessary. • Provide access to Nebraska Relay Service or TDD and staff appropriately trained on the utilization of the service.
Length of Services	Call continues until the caller agrees to safely assume his/her activities or emergency assistance arrives or caller voluntarily ends call.
Staffing	• Staff trained to recognize and respond to a behavioral health crisis. • On staff or consultative agreement with a LMHP, LIMHP, Psychiatrist, Psychologist, or Nurse Practitioner. • Direct link to law enforcement and other emergency services. • Staff trained in rehabilitation and recovery principles and trauma informed care. • Personal recovery experience preferred for all positions.
Staffing Ratio	Adequate staffing to handle call volume.

Service Name	24-HOUR CRISIS LINE
Hours of Operation	24/7
Consumer Desired Outcome	• Consumer experiences a reduction in distress. • Consumer experiences a reduction in risk of harm to self or others. • Consumer is referred to appropriate services.
Rate	Non Fee For Service

UTILIZATION GUIDELINES
24-HOUR CRISIS LINE

I. Admission Guidelines

Consumer must meet all of the following admission guidelines to be admitted to this service.

1. Verbal report of a current behavioral health pre-crisis or crisis situation.
2. Verbal request for assistance in the pre-crisis or crisis situation.

II. Continued Stay Guidelines

Consumer must meet all of the following continued stay guidelines to continue receiving this service.

1. The call continues until the pre-crisis or crisis is resolved or a licensed behavioral health professional, law enforcement, or other emergency service is deemed necessary and arrives to offer assistance or the caller voluntarily ends the call.

SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	MENTAL HEALTH RESPITE
Funding Source	Behavioral Health Service
Setting	Residential Facility
Facility License	As required by DHHS Division of Public Health
Basic Definition	Mental Health Respite is designed to provide shelter and assistance to address immediate needs which may include case management on a 24/7 basis to consumers experiencing a need for transition to another home or residential setting or a break from the current home or residential setting. Mental Health Respite provides a safe, protected, supervised residential environment on a short-term basis. The intent of the service is to support a consumer throughout the transition or break, provide linkages to needed behavioral health services, and assist in transition back into the community.
Service Expectations	• Provide on-site access to the following services: periodic safety checks and monitoring, personal support services, medication monitoring, assistance with activities of daily living, limited transportation, and overnight accommodations including food and lodging. • Establish linkage to psychiatric services, pharmaceutical services, medical/dental services, basic health services, psychiatric and emergency medical services. • Provide referrals to needed community services and supports including but not limited to behavioral health services, substance use disorder treatment services, and community housing. • Provide 24-hour staff. • Provide opportunities to be involved in a variety of community activities and services. • All services are culturally sensitive.
Length of Services	• Until discharge guidelines are met or consumer chooses to exit the program. • Typically no more than seven days.
Staffing	• Program Manager: BS degree or higher in human services or equivalent course work, 2 years of experience/training with demonstrated skills and competencies in treatment of individuals with a behavioral health diagnosis, and training in rehabilitation and recovery principles. • Direct Care Staff: High school diploma or equivalent with minimum of 2 years of experience in the field and training with evaluation of course competency, preferably by a nationally accredited training program. All Direct Care Staff must be trained in rehabilitation and recovery principles.

Service Name	MENTAL HEALTH RESPITE
	• At a minimum a consultative arrangement with a licensed behavioral health professional, Physician, and Dietician. Affiliation agreement with a Registered Nurse, Psychiatrist, and Psychologist. • All staff must be trained in trauma-informed care, recovery principles, and crisis management. • Personal recovery experience preferred for all positions.
Staffing Ratio	• Direct care ratios are 1:12 during 1st and 2nd shift and 1:16 on 3rd shift with on-call support staff available. • Peer Support 1-16 ratio (if available)
Hours of Operation	24/7
Consumer Desired Outcome	• Consumer is able to transition successfully to previous or a new community setting. • Consumer has a community-based support system in place. • Need for respite has been resolved.
Rate	1 Unit = 1 Day

UTILIZATION GUIDELINES
MENTAL HEALTH RESPITE

I. Admission Guidelines

Consumer must meet all of the following admission guidelines to be admitted to this service.

1. Has a current diagnosis of a serious mental illness.
2. At risk of needing a higher level of care if support is not provided.

II. Continued Stay Guidelines

Consumer must meet all of the following continued stay guidelines to continue receiving this service.

1. Consumer continues to meet admission guidelines.

SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	EMERGENCY COMMUNITY SUPPORT
Funding Source	Behavioral Health Service
Setting	Consumer's home or other community-based setting including a psychiatric hospital setting.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Emergency Community Support is designed to assist consumers who can benefit from support due to a behavioral health need and who are either currently residing in a community setting or transitioning from a psychiatric hospital into a community setting. Emergency Community Support services include case management, behavioral health referrals, assistance with daily living skills, and coordination between consumer and/or consumer's support system and behavioral health providers.
Service Expectations	• Complete a screening for risk and safety plan within three days of referral or if consumer is hospitalized within three days of discharge from the hospital. • Complete a strengths-based assessment with the consumer within 14 days of referral. • Development of an initial, brief service plan within five days of admission in partnership with the consumer and support system. The finalized service plan should be completed within fourteen days. • Development of a crisis relapse/prevention plan within fourteen days of admission. • Provide consumer advocacy as needed. • Assist consumer in obtaining benefits such as SSI, housing vouchers, food stamps, Medicaid, etc. • Provide education to consumer/family/significant others with the consumer's permission as needed. • Provide referrals to appropriate community-based behavioral health services. • Provide pre-discharge transition services from psychiatric hospital including teaching daily living skills, scheduling appointments, limited transportation to appointments, and assistance with housing search as needed. • Provide pertinent information to psychiatric hospital and hospital emergency personnel, and community agencies as needed. • Establish collateral relationship with law enforcement and other emergency services. • Arrange alternatives to psychiatric hospitalization as needed. • All services must be culturally sensitive. • Frequency of contacts as needed to address the presenting problem(s).

Service Name	EMERGENCY COMMUNITY SUPPORT
Length of Services	Service continues until discharge guidelines are met or consumer chooses to decline continuation of service.
Staffing	• Program Director: Demonstrated experience, skills, and competencies in behavioral health management. A master's degree in a human service field preferred. • Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Clinical consultation on consumer's service plan must occur at least once a month. • Consultation by appropriately licensed professionals for general medical, psychopharmacology, and psychological issues, as well as overall program design must be available and used as necessary. • Personal recovery experience preferred for all positions.
Staffing Ratio	1:15 caseload
Hours of Operation	Consumers utilizing this service must have 24/7 on call access to Emergency Community Support services.
Consumer Desired Outcome	• Consumer has made progress on his/her individualized service plan goals and objectives and development of a crisis relapse prevention plan. • Consumer is able to remain psychiatrically stable in a community setting of choice. • Consumer has a community-based support system in place.
Rate	Non Fee For Service

UTILIZATION GUIDELINES
EMERGENCY COMMUNITY SUPPORT

I. Admission Guidelines

Consumer must meet all of the following admission guidelines to be admitted to this service.

1. Consumers currently experiencing a behavioral health crisis.
2. At risk of needing a higher level of care if support is not provided.
3. Consumer demonstrates a need for support in coordinating treatment/recovery/rehabilitation options in the community.

II. Continued Stay Guidelines

Consumer must meet all of the following continued stay guidelines to continue receiving this service.

1. Consumer continues to meet Admission Guidelines.

SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	CRISIS RESPONSE
Funding Source	Behavioral Health Service Only
Setting	Consumer's home or other community-based setting including hospital emergency room.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Crisis Response is designed to use natural supports and resources to build upon a consumer's strengths to help resolve an immediate behavioral health crisis in the least restrictive environment by assisting the consumer to develop a plan to resolve the crisis. The service is provided by licensed behavioral health professionals who complete brief mental health status exams and substance use disorder screenings, assess risk, and provide crisis intervention, crisis stabilization, referral linkages, and consultation to hospital emergency room personnel, if necessary. The goal of the service is to avoid an Emergency Protective Custody hold or inpatient psychiatric hospitalization.
Service Expectations	• Face-to-face meeting with consumer within one hour of initial contact. • Perform a crisis assessment including brief mental health status, risk of dangerousness to self and/or others assessment, and determination of appropriate level of care. • Develop a brief individualized crisis plan with consumer and support system. • Provide onsite mental health and/or substance use disorder interventions and crisis management. • Provide linkage to information and referral including appropriate community-based mental health and/or substance use disorder services. • Provide consultation to hospital emergency personnel, law enforcement, and community agencies as needed. • Establish collateral relationship with law enforcement and other emergency services. • Provide post crisis follow-up support as needed. • Arrange for alternatives to psychiatric hospitalization if appropriate. • All services must be culturally sensitive.

Service Name	CRISIS RESPONSE
Length of Services	Service continues until discharge guidelines are met or consumer chooses to decline continuation of services.
Staffing	• On-site Crisis Response Professional: LMHP, LIMHP, PLMHP, Psychiatrist, Psychologist, Nurse Practitioner, or Registered Nurse with psychiatric experience operating within scope of practice. • All staff must be trained in trauma-informed care, recovery principles, and crisis management. • Personal recovery experience preferred for all positions.
Staffing Ratio	Minimum one-to-one basis in person.
Hours of Operation	24/7
Consumer Desired Outcome	Consumer will be able to safely remain in his/her home or community-based facility OR safely transferred to an appropriate facility for additional psychiatric care.
Rate	Non Fee For Service

UTILIZATION GUIDELINES
CRISIS RESPONSE

I. Admission Guidelines

Consumer must meet all of the following admission guidelines to be admitted to this service.

1. Based on current information, requires further evaluation to determine service needs.
2. Exhibits active symptomology consistent with current DSM diagnoses.
3. Exhibits potential for risk of harm to self or others if support is not provided.
4. At risk of being placed in Emergency Protective Custody and/or hospitalized if support is not provided.

II. Continued Stay Guidelines

Consumer must meet all of the following continued stay guidelines to continue receiving this service.

1. Consumer continues to meet admission guidelines.

SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	URGENT MEDICATION MANAGEMENT
Funding Source	Behavioral Health Service
Setting	Medical office, clinic, hospital, or other appropriate outpatient setting.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Urgent Medication Management is the level of outpatient treatment where the sole service rendered by a qualified provider is the evaluation of the consumer's need for psychotropic medications and provision of a prescription. Urgent Medication Management is provided within 72 hours of contact and referrals for this service must come from a provider within a Region's behavioral health network.
Service Expectations	• Medication evaluation • Consumer education pertaining to the medication and its use • Referral for continued treatment as needed.
Length of Services	One treatment session with referral to medication management service or other appropriate follow-up.
Staffing	Provider qualified to evaluate the need for medication and provide a prescription including an Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or Nurse Practitioner (NP) supervised by a psychiatrist or other Physician.
Staffing Ratio	As per provider caseload.
Hours of Operation	Generally outpatient, Monday through Friday, day hours.
Desired Consumer Outcome	Stabilization/resolution of psychiatric symptoms for which medication was intended as an intervention.
Rate	Non Fee For Service

UTILIZATION GUIDELINES
URGENT MEDICATION MANAGEMENT

I. Admission Guidelines

Consumer must meet all of the following admission guidelines to be admitted to this service.

1. Consumer demonstrates symptomatology consistent with a DSM (Current Edition) diagnosis, which requires and can reasonably be expected to respond to therapeutic intervention.
2. There are significant symptoms that interfere with the consumer's ability to function in at least one life area.
3. There is an expectation that the consumer has the capacity to make significant progress toward treatment goals or treatment is necessary to maintain the current level of functioning.
4. There is a need for prescribing and monitoring psychotropic medications on an emergency basis.
5. Referral from a provider in a Region's behavioral health network.

II. Continued Stay Guidelines

Consumer must meet all of the following continued stay guidelines to continue receiving this service. N/A

SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	URGENT OUTPATIENT PSYCHOTHERAPY
Funding Source	Behavioral Health Service
Setting	Community-based Location
Facility License	As required by DHHS Division of Public Health
Basic Definition	Urgent Outpatient Therapy is an intense intervention for consumers with an urgent/emergent behavioral health crisis. The purpose of the service is to support the consumer in achieving crisis resolution and determining next steps for further treatment if needed. Urgent Outpatient Psychotherapy services are intended to assure that consumers receive immediate treatment intervention when and where it is needed.
Service Expectations	• Individual one-to-one therapy focused on the presenting crisis and crisis resolution. • Referral for follow-up behavioral health services as needed. • Ability to provide out-of-office service as needed. • All services are culturally sensitive.
Length of Services	Typically one session
Staffing	Appropriately licensed and credentialed professionals (LMHP/LADC, LMHP, PLMHP, LIMHP, Psychologist, APRN, or Psychiatrist) working within their scope of practice to provide mental health and/or dual (SUD/MH) outpatient therapy. A dually licensed clinician is preferred for any consumer with a dual diagnosis.
Staffing Ratio	1:1 Individual Therapy
Hours of Operation	Flexible office hours to meet consumer need.
Consumer Outcome	• The crisis is identified and therapeutically addressed. • Steps for further resolution are developed. • Follow-up behavioral health referrals provided.
Rate	Expense Reimbursement

UTILIZATION GUIDELINES
URGENT OUTPATIENT PSYCHOTHERAPY

I. Admission Guidelines

Consumer must meet all of the following admission guidelines to be admitted to this service.

1. Active symptomology consistent with DSM (current version) diagnosis.
2. Consumer has urgent/emergent behavioral health crisis which could include psychiatric condition which interferes with activities of daily living.

II. Continued Stay Guidelines

Consumer must meet all of the following continued stay guidelines to continue receiving this service.

1. Once the therapy session ends, the service typically ends.

SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	HOSPITAL DIVERSION
Funding Source	Behavioral Health Services
Setting	Family/home setting located in a residential district.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Hospital Diversion is a peer-operated service designed to assist consumers in decreasing psychiatric distress, which may lead to hospitalization. It is designed to help consumers rethink crisis as an opportunity to change toward a more self-determined independent life. Meaningful involvement can ensure that consumers lead a self-determined life in the community, rather than remaining dependent on the behavioral health system for a lifetime. Hospital Diversion offers consumers the opportunity to take control of their crisis or potential crisis and develop new skills through a variety of traditional self-help and proactive tools designed to maintain wellness. Trained Peer Companions are the key ingredients in helping other consumers utilize self-help tools. Peer Companions provide contact, support, and/or referral for services, as requested, during and after the stay as well as manning a Warm Line. Hospital Diversion is located in a family/home setting in a residential district that offers at least 4-5 guest bedrooms and is fully furnished for comfort. Participation in the service is voluntary.
Service Expectations	• Completion of screening prior to admission. • Guests may be self-referred or referred by a professional or family member based on the consumer's decision. • Interview and registration information completed within 24 hours of admission. • Support of a review and/or implementation or provision of a crisis/relapse prevention plan. • Guests share common living areas and have individual sleeping rooms. • Guests are responsible for their own meals but may store and prepare food in a shared kitchen. • Guests are responsible for their own medications and are provided an individual lock box for medication storage. • Guests are responsible for transportation to the residence. • House environment equipped with self-help and proactive tools to maintain wellness. • Staff documentation requirements include peer-to-peer engagement, activities, supports; presence/or absence of other services; crisis/relapse prevention plan review (stressors, resolution, etc); contact with current services if requested. • Completion of a satisfaction survey at discharge.

Service Name	HOSPITAL DIVERSION
	• Education on an array of pre-crisis and crisis/relapse prevention tools. • Warm Line available.

Length of Services	4-5 days (maximum of 7 days).
Staffing	• 1 FTE Program Manager on site and available by phone 24/7. • Staffing of 1:5 (or less based on capacity of house) by trained Peer Companions which may include the Program Manager. • The house must be staffed at all times when guests are present and to cover established Warm Line hours. • Staff may consist of additional part-time or volunteers as needed. • Staff and/or volunteers consist of consumers with specialized training in techniques of peer and recovery support. All staff must be trained to assist consumers in developing individualized crisis/relapse prevention plans. • All staff and volunteers must be oriented to program and house management and safety procedures.
Staffing Ratio	1:5 Staff to guest ratio based on a four bedroom house. Staffing ratio may be less based on capacity of house.
Hours of Operation	• 24/7 access to service. • Warm Line hours and coverage – minimum evening and weekend hours.
Consumer Desired Outcome	• Consumer has taken control of their crisis or potential crisis – crisis abated and consistent with personal crisis/relapse prevention plan. • Consumer has reviewed and/or revised a personal crisis/relapse prevention plan and substantially met their individualized goals and objectives. • Consumer returns to previous living arrangement. • Consumer demonstrates ability to maintain independent living. • Consumer has well established formal and informal community supports.
Rate	Non Fee For Service

UTILIZATION GUIDELINES
HOSPITAL DIVERSION

I. Admission Guidelines

Consumer must meet all of the following admission guidelines to be admitted to this service.

1. Consumer has serious mental illness or co-occurring (mental health/substance use) disorders or at high risk for relapse of substance use.
2. Consumer is in psychiatric distress or in crisis and at risk of emergency protective custody or hospitalization.
3. Consumer is medically and psychiatrically stable.
4. Consumer has implemented personal crisis/relapse prevention plan.
5. Consumer voluntarily admits self.

II. Continued Stay Guidelines

Consumer must meet all of the following continued stay guidelines to continue receiving this service.

1. Consumer continues to meet admission guidelines.
2. Consumer demonstrates ability to engage/implement/review individualized crisis/relapse prevention plan goals and objectives.

HOSPITAL SERVICES – MENTAL HEALTH

SERVICE CATEGORY: HOSPITAL SERVICES
System Requirement: AUTHORIZED

SERVICE DEFINITION

Service Name	ADULT ACUTE INPATIENT HOSPITALIZATION
Funding Source	Behavioral Health (involuntary or committed individuals)
Setting	Psychiatric Hospital or General Hospital w/Psychiatric Unit
Facility License	Hospital as required by DHHS Division of Public Health
Basic Definition	An Acute Inpatient program is designed to provide medically necessary, intensive assessment, psychiatric treatment and support to individuals with a DSM (current version) diagnosis and/or co-occurring disorder experiencing an acute exacerbation of a psychiatric condition. The Acute Inpatient setting is equipped to serve patients at high risk of harm to self or others and in need of a safe, secure, lockable setting. The purpose of the services provided within an Acute Inpatient setting is to stabilize the individual's acute psychiatric conditions.
Program Expectations	• Before admission to the inpatient psychiatric facility or prior to authorization for payment, the attending physician or staff physician must make a medical evaluation of each individual's need for care in the hospital • Before admission or prior to authorization for payment, a multidisciplinary/bio-psychosocial, trauma-informed assessment must be conducted for the individual by licensed clinicians • Screening for substance use disorder conducted as needed • Before admission to the inpatient psychiatric facility or prior to authorization for payment, the attending physician or staff physician must establish a written plan of care for the individual which includes the discharge plan components (consider community, family and other supports), • Plan of care reviews under the direction of the physician should be conducted at least daily, or more frequently as medically necessary, by the essential treatment team members, including the physician/APRN, RN, and individual served as appropriate; and complete interdisciplinary team meetings under the direction of the physician during the episode of care and as often as medically necessary, to include the essential treatment team, individual served, family, and other team members and supports as appropriate. Updates to the written plan of care should be made as often as medically indicated. • Psychiatric nursing interventions are available to patients 24/7 • Multimodal treatments available/provided to each patient daily, seven days per week beginning at admission

Service Name	ADULT ACUTE INPATIENT HOSPITALIZATION
	• Medication management • Individual, group, and family therapy available and offered as tolerated and/or appropriate • Face-to-face service with the physician (psychiatrist preferred), or APRN, 6 of 7 days • Psychological services as needed • Consultation services for general medical, dental, pharmacology, dietary, pastoral, emergency medical, therapeutic activities • Laboratory and other diagnostic services as needed • Social Services to engage in discharge planning and help the individual develop community supports and resources and consult with community agencies on behalf of the individual
Length of Services	A number of days driven by the medical necessity for a patient to remain at this level of care
Staffing	**Special Staff Requirements for Psychiatric Hospitals** Medical Director (Boarded or Board eligible Psychiatrist) Psychiatrist (s) and/or Physicians (s) APRN(s) (with psychiatric specialty, in collaboration with a psychiatrist) Director of Psychiatric Nursing APRN or RN with psychiatric experience LMHP,LMHP/ LADC, LIMHP, Psychologist (or ASO approved provisional licensure) RN(s) and APRN(s) (psychiatric experience preferable) Director of Social Work (MSW preferred) Social Worker(s) (at least one social worker, director or otherwise, holding an MSW degree) Technicians, HS with JCAHO approved training and competency evaluation. (2 years of experience in mental health service preferred)
Staffing Ratio	• Availability of medical personnel must be sufficient to meet psychiatrically/medically necessary treatment needs for individuals served. • RN availability must be assured 24 hours each day. • The number of qualified therapists, support personnel, and consultants must be adequate to provide comprehensive therapeutic activities consistent with each patient's active treatment program.

Service Name	ADULT ACUTE INPATIENT HOSPITALIZATION
Hours of Operation	24/7
Desired Individual Outcome	• Symptoms are stabilized and the individual no longer meets clinical guidelines acute care • Sufficient supports are in place and individual can move to a less restrictive environment • Treatment plan goals and objectives are substantially met
Rate	1 Unit = 1 Day

UTILIZATION GUIDELINES
ADULT ACUTE INPATIENT HOSPITALIZATION

Criteria for Admission
The specified requirements for severity of need and intensity and quality of service must be met to satisfy the criteria for admission.

I. Admission - Severity of Need

The following guideline is necessary for admission: Criteria A and B and one of C, D or E must be met to satisfy the criteria for severity of need.

A. Individual has been evaluated by a licensed clinician and demonstrates symptomatology consistent with a DSM (current version) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention.

B. The individual requires an individual plan of active psychiatric treatment that includes 24-hour access to the full spectrum of psychiatric staffing. This psychiatric staffing must provide 24-hour services in a controlled environment that may include but is not limited to medication monitoring and administration, other therapeutic interventions, restrictive safety measures, and suicidal/homicidal observation and precautions.

C. The individual demonstrates actual or potential danger to self or others. This is evidenced by having any one of the following:

1) a current plan or intent to harm self with an available and lethal means, *or*

2) a recent lethal attempt to harm self with continued imminent risk as demonstrated by poor impulse control, command hallucinations directing them to harm self or an inability to plan reliably for safety, *or*

3) an imminently dangerous inability to care adequately for his/her own physical needs or to participate in such care due to disordered, disorganized or bizarre behavior, *or*

4) other similarly clear and reasonable evidence of imminent serious harm to self.

D. The individual demonstrates a clear and reasonable inference of imminent serious harm to others. This is evidenced by having any one of the following:

   1) a current plan or intent to harm others with an available and lethal means, *or*

   2) a recent lethal attempt to harm others with continued imminent risk as demonstrated by poor impulse control, command hallucinations directing them to harm others or an inability to plan reliably for safety, *or*

   3) violent unpredictable or uncontrolled behavior that represents an imminent risk of serious harm to the body or property of others, *or*

   4) other similarly clear and reasonable evidence of imminent serious harm to others.

E. The individual's condition requires an acute psychiatric assessment technique or intervention that unless managed in an inpatient setting, would have a high probability to lead to serious, imminent and dangerous deterioration of the individual's general medical or mental health.

II. Continued Stay

Criteria A, B, C, D and E must be met to satisfy the criteria for continued stay.

A. Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following:

   1) the persistence of problems that caused the admission to a degree that continues to meet the admission criteria (both severity of need and intensity of service needs), *or*

   2) the emergence of additional problems that meet the admission criteria (both severity of need and intensity of service needs), *or*

   3) that disposition planning, progressive increases in hospital privileges and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the psychiatric illness to the degree that would necessitate continued hospitalization, *or*

4) a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting, documented in daily progress notes by a physician or admitting qualified and credentialed professional.

5) the individual's condition continues to meet admission Guidelines for inpatient care. Acute treatment interventions (including psychopharmacological) have not been exhausted, and no other less intensive level of care would be adequate.

B. The current treatment plan includes documentation of DSM (current version) diagnosis, individualized goals of treatment, treatment modalities needed and provided on a 24-hour basis, discharge planning, and ongoing contact with the individual's family and/or other support systems, unless there is an identified, valid reason why it is not clinically appropriate or feasible. This plan receives regular review and revision that includes ongoing plans for timely access to treatment resources that will meet the individual's post-hospitalization needs.

C. The current or revised treatment plan can be reasonably expected to bring about significant improvement in the problems meeting criterion III.A. This evolving clinical status is documented by daily progress notes, one of which evidences a daily examination by a psychiatrist or admitting qualified and credentialed professional.

When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.

D. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress and/or psychiatric/medical complications are evident and there is documented active discharge planning.

E. Care is rendered in a clinically appropriate manner and focused on the individual's behavioral and functional outcomes as described in the discharge plan.

SERVICE CATEGORY: HOSPITAL SERVICES
System Requirement: AUTHORIZED

SERVICE DEFINITION

Service Name	ADULT SUBACUTE INPATIENT HOSPITALIZATION
Funding Source	Behavioral Health Services (involuntary or committed individuals)
Setting	Psychiatric Hospital or General Hospital w/Psychiatric Unit
Facility License	Hospital as required by DHHS Division of Public Health
Basic Definition	The purpose of subacute care is to provide further stabilization, engage the individual in comprehensive treatment, rehabilitation and recovery activities, and transition them to the least restrictive setting as rapidly as possible.
Service Expectations	• Before admission to the subacute inpatient psychiatric facility or prior to authorization for payment, the attending physician or staff physician must make a medical evaluation of each individual's (applicant or recipient) need for care in the hospital • Before admission or prior to authorization for payment, a multidisciplinary/bio-psychosocial, trauma-informed assessment must be conducted for the individual by licensed clinicians • Before admission to the subacute inpatient psychiatric facility or prior to authorization for payment, the attending physician or staff physician must establish a written plan of care for the individual which includes relapse/crisis prevention and discharge plan components (consider community, family and other supports), • Screening for substance use disorder conducted as needed, and addictions treatment initiated and integrated into the treatment/recovery plan for co-occurring disorders identified in initial assessment process • Plan of care reviews under the direction of the physician should be conducted at least every 3 days, or more frequently as medically necessary, by the essential treatment team members, including the physician/APRN, RN, and individual served as appropriate; and complete interdisciplinary team meetings under the direction of the physician during the episode of care and as often as medically necessary, to include the essential treatment team, individual served, family, and other team members and supports as appropriate. Updates to the written plan of care should be made as often as medically indicated. • Psychiatric nursing interventions are available to patients 24/7 • Multimodal treatments available and offered to each patient daily, seven days per week beginning at admission • 35 hours of active treatment available/provided to each client weekly, seven days per week • Educational, pre-vocational, psycho-social skill building, nutrition, daily living skills, relapse prevention skills, medication education

Service Name	ADULT SUBACUTE INPATIENT HOSPITALIZATION
	• Medication management • Face to Face service with a psychiatrist or APRN three (3) or more times weekly • Individual (2X weekly), group (3X weekly), minimally, and family therapy (as appropriate) • Psychological services as needed • Consultation services for general medical, dental, pharmacology, dietary, pastoral, emergency medical • Laboratory and other diagnostic services as needed • Social Services to engage in discharge planning and help the individual develop community supports and resources and consult with community agencies on behalf of the individual • Therapeutic passes planned as part of individual's transitioning to less restrictive setting
Length of Services	A number of days to a number of weeks driven by the medical necessity for a client to remain at this level of care.
Staffing	**Special Staff Requirements for Psychiatric Hospitals** • Medical Director (Boarded or Board eligible Psychiatrist) • Psychiatrist (s) and/or Physicians (s) • APRN(s) (with psychiatric specialty, in collaboration with a psychiatrist) • Director of Psychiatric Nursing APRN or RN with psychiatric experience • LMHP,LMHP/ LADC, LIMHP, Psychologist (or ASO approved provisional licensure) • RN(s) and APRN(s) (psychiatric experience preferable) • Director of Social Work (MSW preferred) • Social Worker(s) (at least one social worker, director or otherwise, holding an MSW degree) • Technicians, HS with JCAHO approved training and competency evaluation. (2 years of experience in mental health service preferred)
Staffing Ratio	• Availability of medical personnel must be sufficient to meet psychiatrically/medically necessary treatment needs for individuals served. • RN availability must be assured 24 hours each day. • The number of qualified therapists, support personnel, and consultants must be adequate to provide comprehensive therapeutic activities consistent with each patient's active treatment program.

Hours of Operation	24/7
Desired Individual Outcome	• Symptoms are stabilized and the individual is able to be treated at a less intensive level of care • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions • The individual can safely maintain in a less restrictive environment • Treatment plan goals and objectives are substantially met
Rate	1 Unit = 1 Day

UTILIZATION GUIDELINES
ADULT SUBACUTE INPATIENT HOSPITALIZATION

Criteria for Admission

The specified requirements for severity of need and intensity and quality of service must be met to satisfy the criteria for admission.

I. Admission - Severity of Need

The following guideline is necessary for admission: Criteria A, B, C and D must be met to satisfy the criteria for severity of need.

A. Individual has been evaluated by a licensed clinician and demonstrates symptomatology consistent with a DSM (current version) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention.

B. Either:

1) there is clinical evidence that the individual would be at risk to self or others if he or she were not in a subacute hospitalization program, *or*

2) as a result of the individual's mental disorder, there is an inability to adequately care for one's physical needs, and caretakers/guardians/family members are unable to safely fulfill these needs, representing potential serious harm to self.

C. The individual requires an individual plan of active psychiatric treatment that includes 24-hour access to the full spectrum of psychiatric staffing. This psychiatric staffing must provide 24-hour services in a controlled environment that may include, but is not limited to, medication monitoring and administration, other therapeutic interventions, restrictive safety measures, and suicidal/homicidal observation and precautions.

D. The patient requires supervision seven days per week, 24 hours per day to develop skills necessary for daily living, to assist with planning and arranging access to a range of educational, therapeutic and aftercare services, and to develop the adaptive and functional behavior that will allow him/her to live outside of a sub acute hospital setting.

II. Continued Stay

Criteria A, B, C, D, E, F and G must be met to satisfy the criteria for continued stay.

A. Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following:

1) the persistence of problems that caused the admission to a degree that continues to meet the admission criteria (both severity of need and intensity of service needs), *or*

2) the emergence of additional problems that meet the admission criteria (both severity of need and intensity of service needs), *or*

3) that disposition planning and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the psychiatric illness to the degree that would necessitate continued subacute hospital treatment.

B. There is evidence of objective, measurable, and time-limited therapeutic clinical goals that must be met before the individual can be discharged from this level of care.

C. There is evidence that the treatment plan is focused on the alleviation of psychiatric symptoms and precipitating psychosocial stressors that are interfering with the individual's ability to return to a less-intensive level of care.

D. The current or revised treatment plan can be reasonably expected to bring about significant improvement in the problems meeting criterion IIIA, and this is documented in at least three-times-a-week progress notes, written and signed by the psychiatrist.

E. There is evidence of at least weekly family and/or support system involvement, unless there is an identified, valid reason why such a plan is not clinically appropriate or feasible.

F. A discharge plan is formulated that is directly linked to the behaviors and/or symptoms that resulted in admission, and begins to identify appropriate treatment resources after the subacute hospitalization.

G. Care is rendered in a clinically appropriate manner and focused on the individual's behavioral and functional outcomes as described in the discharge plan.

OUTPATIENT SERVICES – MENTAL HEALTH

SERVICE CATEGORY: OUTPATIENT SERVICES
System Requirement: AUTHORIZED

SERVICE DEFINITION

Service Name	DAY TREATMENT
Funding Source	Behavioral Health Services
Setting	Hospital or non-hospital community based
Facility License	As required by DHHS Division of Public Health
Basic Definition	Day Treatment provides a community based, coordinated set of individualized treatment services to individuals with psychiatric disorders who are not able to function full-time in a normal school, work, and/or home environment and need the additional structured activities of this level of care. While less intensive than hospital based day treatment, this service includes diagnostic, medical, psychiatric, psychosocial, and adjunctive treatment modalities in a structured setting. Day Treatment programs typically are less medically "involved" than Hospital Based Day Treatment programs.
Service Expectations	• An initial diagnostic interview by the program psychiatrist within 24 hours of admission • Multidisciplinary bio-psychosocial assessment within 24 hours of admission including alcohol and drug screening and assessment as needed • A history and physical present in the client's record within 30 days of admission • A treatment/recovery plan developed by the multidisciplinary team integrating individual strengths & needs, considering community, family and other supports, stating measurable goals, that includes a documented discharge and relapse prevention plan completed within 72 hours of admission • The individual treatment plan is reviewed at least 2X monthly and more often as necessary, updated as medically indicated, and signed by the supervising practitioner and other treatment team members, including the individual being served • Medication management • Consultation services available for general medical, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory, dietary if meals are served, and other diagnostic services • Ancillary service referral as needed: (dental, optometry, ophthalmology, other mental health and/or social services, etc.) • Individual, group, and family therapy services • Recreation and social services

Service Name	DAY TREATMENT
	• Access to community based rehabilitation/social services that can be used to help the individual transition to the community • Face-to-face psychiatrist/APRN visits 1X weekly
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, but considering its time-limited expectations, a period of 21-90 days with decreasing days in attendance is typical.
Staffing	• Supervising Practitioner (psychiatrist) • Clinical Director (APRN, RN, LMHP, LIMHP, or licensed Psychologist) working with the program to provide clinical supervision, consultation and support to staff and the individuals they serve, continually incorporating new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation. Depending on the size of the program more than one Clinical Director may be needed to meet these expectations. • Nursing (APRN, RN) (psychiatric experience preferred) • Therapist (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP, PLMHP, LIMHP) (dual licensure preferable for working with MH/SUD issues • All staff must be Nebraska licensed and working within their scope of practice as required. • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • All staff should be educated/trained in rehabilitation and recovery principles
Staffing Ratio	Clinical Director to direct care staff ratio as needed to meet all responsibilities Therapist/Individual: 1 to 12; Care Worker/Individual: 1 to 6
Hours of Operation	May be available 7 days/week with a minimum availability of 5 days /week including days, evenings and weekends
Desired Individual Outcome	• The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions • Individual has support systems to maintain stability in a less restrictive environment
Rate	See fee schedule: One-half Day = minimum of 3 Units, Full Day = minimum of 6 Units

UTILIZATION GUIDELINES
DAY TREATMENT

I. Admission Guidelines

Valid principal DSM (most current version) diagnosis AND All of the following:

1. The client is unable to maintain an adequate level of functioning outside the treatment program due to a mental health disorder as evidenced by:
    a. Severe psychiatric symptoms that require medical stabilization.
    b. Inability to perform the activities of daily living.
    c. Significant interference in at least one functional area (Social, vocational/educational, etc.)
    d. Failure of social/occupational functioning or failure and/or absence of social support resources.
2. The treatment necessary to reverse or stabilize the client's condition requires the frequency, intensity and duration of contact
3. provided by a day program as evidenced by:
    a. Failure to reverse/stabilize with less intensive treatment that was accompanied by services of alternative delivery systems. b. Need for a specialized service plan for a specific impairment.
    c. Passive or active opposition to treatment and the risk of severe adverse consequences if treatment is not pursued. d. Can maintain safety after the program hours.
4. The client's medical and mental health needs can be adequately monitored and managed by the staff of the facility.
5. The individual can be reasonably expected to benefit from mental health treatment at this level and needs structure for activities of daily living.

III. Continued Stay Guidelines

All of the following guidelines are necessary for continuing treatment at this level of care:

1. The individual's condition continues to meet admission guidelines for this level of care.
2. The individual does not require a more intensive level of care, and no less intensive level of care would be appropriate.
3. There is reasonable likelihood of substantial benefit as a result of active continuation in the therapeutic program, as demonstrated by objective behavioral measurements of improvement.
4. The consumer is making progress toward goals and is actively participating in the interventions.

5. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated.
6. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner consistent with sound clinical practice, including evaluating and/or prescribing appropriate psychopharmacological intervention.
7. There is documented active discharge planning, including relapse and crisis prevention planning.

SERVICE CATEGORY: OUTPATIENT SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	MEDICATION MANAGEMENT
Funding Source	Behavioral Health Services (Registered service, does not require prior authorization under this funding source)
Setting	Medical office, clinic, hospital, or other appropriate outpatient setting
Facility License	As required by DHHS Division of Public Health
Basic Definition	Medication Management is the level of outpatient treatment where the sole service rendered by a qualified prescriber is the evaluation of the individual's need for psychotropic medications, provision of a prescription, and ongoing medical monitoring of those medications.
Service Expectations	• Medication evaluation and documentation of monitoring • Medication monitoring routinely and as needed • Client education pertaining to the medication to support the individual in making an informed decision for its use. • The service provider must make a good faith attempt to coordinate care with the individual's primary medical provider
Length of Services	As often and for as long as deemed medically necessary and client/guardian continues to consent
Staffing	Psychiatrist, or other physician qualified to evaluate the need for medication and provide this service, Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or Nurse Practitioner (NP) supervised by a psychiatrist or other physician qualified to evaluate the need for and provide this service. • Psychiatrist, or other physician qualified to evaluate the need for medication and provide this service • Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or Nurse Practitioner (NP) supervised by a psychiatrist or other physician qualified to evaluate the need for and provide this service
Staffing Ratio	As per physician or approved designee caseload
Hours of Operation	Generally outpatient, Monday through Friday, day hours.
Desired	

Service Name	MEDICATION MANAGEMENT
Individual Outcome	Stabilization/resolution of psychiatric symptoms for which medication was intended as an intervention
Rate	See BHS rate schedule

UTILIZATION GUIDELINES
MEDICATION MANAGEMENT

I. Admission Guidelines

1. The individual demonstrates symptomatology consistent with a DSM (current edition) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention.
2. There are significant symptoms that interfere with the individual's ability to function in at least one life area.
3. There is a need for prescribing and monitoring psychotropic medications.

II. Continuing Stay Guidelines

1. Continued to meet admission criteria.

SERVICE CATEGORY: OUTPATIENT SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	INTENSIVE CASE MANAGEMENT
Funding Source	Behavioral Health Service
Setting	Service takes place in settings convenient to the consumer's needs and preferences.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Intensive Case Management is designed to promote community stabilization for consumers who have a history of frequent psychiatric hospitalization through frequent case management activities responsive to the intensity of the consumer's needs. Intensive Case Management includes mobile case management addressing illness management, peer support, crisis prevention/intervention, and appropriate utilization of community-based resources and services. Intensive Case Management is provided in the community with most contacts typically occurring in the consumer's place of residence or other community locations consistent with consumer choice/need.
Service Expectations	• A bio psychosocial including a diagnosis completed within 12 months prior to the date of admission • Strength-based assessment within 30 days of program entry. • Initial Intensive Case Management Service Plan developed with consumer within 10 days of program entry. A fully-developed service plan must be completed after assessment, but no longer than 30 days following admission. The service plan shall be updated every 30 days. • Development of a crisis/relapse prevention plan • Quarterly treatment team meetings including but not limited to consumer, Intensive Case Manager, and supervisor. • Frequent face-to-face contact and coordination with consumer's behavioral health providers. • Assistance in the development and implementation of a crisis relapse prevention plan. • Provision of linkages, referrals, and coordination between services that support the achievement of individualized goals. • Provide assistance in structuring self-medication regime. • Assistance in obtaining necessities such as medical services, housing, social services, entitlements, advocacy, transportation. • Provision of supports in health-related needs, usage of medications, and symptom management. • Provide family/support system education and support. • Support and intervention in times of crisis.

Service Name	INTENSIVE CASE MANAGEMENT
	• Assistance in transitioning to lower level of care and increased community independence. • Provision of 4 to 7 contacts per week, (less than 4 per week for a maximum of one month is acceptable when transitioning to a lower level of care) with majority being face-to-face and in the consumer's residence or other community locations. • All services must be culturally sensitive.
Length of Services	Length of service is individualized and based on Admission Guidelines and continued treatment/recovery/rehabilitation as well as consumer's ability to make progress on individualized goals.
Staffing	• Program Director: Demonstrated experience, skills, and competencies in behavioral health management. A master's degree in a human service field preferred. • Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Clinical consultation on each consumer's service plan must occur at least once a month. • Consultation by appropriately licensed professionals for general medical, psychopharmacology, and psychological issues, as well as overall program design must be available and used as necessary. • Personal recovery experience preferred for all positions.
Staffing Ratio	One full-time Intensive Case Manager to 10 consumers.
Hours of Operation	• Must provide means to access staff 24 hours per day/7 days per week.
Consumer Desired Outcome	• Consumer has made progress on his/her self-developed treatment/recovery/rehabilitation goals and objectives and completed a crisis relapse prevention plan. • Consumer is able to remain psychiatrically stable in a community setting of choice. • Consumer has a community-based support system in place.
Rate	Non Fee For Service

UTILIZATION GUIDELINES
INTENSIVE CASE MANAGEMENT

I. Admission Guidelines

Consumer must meet all of the following admission guidelines to be admitted to this service.

1. DSM (current version) severe and persistent mental illness and/or personality disorder including consumers with co-occurring substance-related disorder.
2. Limited support system and difficulty sustaining community living without supports.
3. Numerous or lengthy inpatient behavioral health hospitalizations.

II. Continued Stay Guidelines

Consumer must meet all of the following continued stay guidelines to continue receiving this service.

1. Able to participate in treatment/rehabilitation/recovery activities.
2. Achieve progress towards individualized goals.
3. Continuation of symptoms or behaviors that required admission and the judgment that a less intensive level of care and supervision would be insufficient to safely support the consumer.

SERVICE CATEGORY: OUTPATIENT SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	INTENSIVE COMMUNITY SERVICES
Funding Source	Behavioral Health Service Only
Setting	Community Based – Most frequently provided in an agreed upon community setting or the consumer's home, not office or facility-based.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Intensive Community Services are designed to support consumers to develop independent and community living skills and prevent the need for a higher level of care. Services are designed for consumers with a high rate of inpatient use, including consumers with co-occurring disorders.
Service Expectations	• A diagnostic interview conducted by a licensed, qualified clinician AND a bio-psychosocial assessment by a licensed and credentialed mental health professional prior to admission OR completed within 12 months prior to the date of admission. • If the diagnostic interview and/or the bio-psychosocial assessment were completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum, to ensure information is reflective of the client's current status and functioning. The review and update should be completed within 10 days of admission. • A strengths-based assessment which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the client, should be completed within 10 days of admission and may be completed by non-licensed or licensed individuals on the client's team. • Development of a treatment/rehabilitation/recovery team including formal and informal support providers as chosen by the consumer. • A treatment/rehabilitation/recovery plan developed with the consumer, integrating individual strengths & needs, considering community, family, and other supports, stating measurable goals and specific interventions, that includes a documented discharge and crisis/relapse prevention plan, completed within 30 days of admission, reviewed, approved and signed by the licensed clinician, or other licensed person. • Review the treatment/rehabilitation/recovery and discharge plan with the consumer's team, including the consumer, every 90 days, making necessary changes then, or as indicated. Each review should be signed by members of the team.

Service Name	INTENSIVE COMMUNITY SERVICES
	• Provide service coordination and case management activities, including coordination or assistance in accessing medical, psychiatric, psychopharmacological, psychological, social, education, housing, transportation or other appropriate treatment/support services as well as linkage to other community services identified. • Provision of active rehabilitation and support interventions with focus on activities of daily living, education, budgeting, medication compliance and self-administration (as appropriate and part of the overall treatment/rehabilitation/recovery plan), crisis/relapse prevention, social skills, and other independent living skills that enable the consumer to reside in the community. • Provide education, support, and coordination with the appropriate services prior, during, and after crisis interventions. • Work with the consumer to develop a crisis/relapse prevention plan. • If hospitalization or residential care is necessary, facilitate, in cooperation with the treatment provider, the consumer's transition back into the community upon discharge. • Service must be trauma-informed and culturally/linguistically sensitive. • Frequency of contacts as needed to address the presenting problem(s) with a minimum of face-to-face contact 6 times per month or 6 total hours of contact per month
Length of Services	• Average length of service is 6 to 12 months.
Staffing	• Program Director: Demonstrated experience, skills, and competencies in behavioral health management. A master's degree in a human service field preferred. • Clinical Supervisor: Clinical Supervision by a licensed person (APRN, RN, LMHP, PLMHP, LIMHP, Psychologist) working with the program to provide clinical consultation on the individualized treatment/rehabilitation/recovery plan at least once a month. • Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.
Staffing Ratio	1 Intensive Community Services Worker to 10 consumers
Hours of Operation	24/7 Access to service during weekend/evening hours, or in time of crisis with the support of a mental health professional
Desired Consumer Outcome	• Successful transition to a less intensive level of care • Individualized goals and objectives substantially met. • Crisis/relapse prevention plan is in place.

Service Name	INTENSIVE COMMUNITY SERVICES
	• Precipitating condition and relapse potential stabilized for management at lower level of care. • Decreased frequency and duration of hospital stays, increased community tenure. • Formal and informal support system in place. • Sustained, stable housing.
Rate	Non Fee For Service

UTILIZATION GUIDELINES
INTENSIVE COMMUNITY SERVICES

I. Admission Guidelines

Consumer must meet all of the following admission guidelines to be admitted to this service.

1. Adults with serious mental illness, including consumers with co-occurring disorders.
2. Symptoms and functional deficits are related to the primary diagnosis.
3. Presence of functional deficits in two of three functional areas: Vocational/Education, Social Skills, and Activities of Daily Living.
    a. Vocational/Education: inability to be employed or an ability to be employed only with extensive supports; or deterioration or decompensation resulting in inability to establish or pursue educational goals within normal time frame or without extensive supports; or inability to consistently and independently carry out home management tasks.
    b. Social Skills: repeated inappropriate or inadequate social behavior or ability to behave appropriately only with extensive supports; or consistent participation in adult activities only with extensive supports or when involvement is mostly limited to special activities established for persons with mental illness; or history of dangerousness to self/others.
    c. Activities of Daily Living: Inability to consistently perform the range of practical daily living tasks required for basic adult functioning.

3. Consumer can reasonably be expected to benefit from mental health/substance use disorder services at this level.

II. Continued Stay Guidelines:

Consumer must meet all of the following continued stay guidelines to continue receiving this service.

1. Consumer's condition continues to meet Admission Guidelines at this level of care.
2. Consumer's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
3. There is reasonable likelihood of substantial benefits as demonstrated by objective behavioral measurements of improvement in functional areas.
4. Consumer's demonstrates progress in relation to specific symptoms or impairments, but goals of treatment/rehabilitation/recovery plan have not yet been achieved.

SERVICE CATEGORY: OUTPATIENT SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	OUTPATIENT *INDIVIDUAL* PSYCHOTHERAPY (ADULT MENTAL HEALTH)
Funding Source	Behavioral Health Services (registered service, does not require prior authorization under this funding source)
Setting	Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Outpatient psychotherapy is the treatment of psychiatric disorders through scheduled therapeutic visits between the therapist and the individual. The focus of outpatient psychotherapy treatment is to improve or alleviate symptoms that may significantly interfere with functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.). The goals, frequency, and duration of outpatient treatment will vary according to individual needs and response to treatment
Service Expectations	• A comprehensive bio-psychosocial assessment must be completed prior to the beginning of treatment and: • Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports), reviewed on an ongoing basis , and adjusted as medically indicated • Assessments and treatment should address mental health needs, and potentially, other co-occurring disorders • Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs • Provided as individual psychotherapy • It is the provider's responsibility to coordinate with other treating professionals as needed
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the client's ability to benefit from individual treatment/recovery goals.
Staffing	• Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Psychologist • Provisionally Licensed Psychologist • Advanced Practice Registered Nurse (APRN)

Service Name	OUTPATIENT *INDIVIDUAL* PSYCHOTHERAPY (ADULT MENTAL HEALTH)
	• Psychiatrist
Staffing Ratio	1:1
Hours of Operation	Typical business hours with weekend and evening hours available to provide this service by appointment.
Desired Individual Outcome	• The individual has substantially met their treatment plan goals and objectives • Individual is able to remain stable in the community without this treatment. • Individual has support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule

UTILIZATION GUIDELINES
OUTPATIENT INDIVIDUALIZED PSYCHOTHERAPY

I. Admission Guidelines:

All *of the following Guidelines are necessary for admission:*

1. The individual demonstrates symptomatology consistent with a DSM (current edition) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention.
2. There are significant symptoms that interfere with the individual's ability to function in at least one life area.
3. There is an expectation that the individual has the capacity to make significant progress toward treatment goals or treatment.

II. Continuing Stay Guidelines:

All *of the following Guidelines are necessary for continuing treatment at this level* of *care:*

1. The individual's condition continues to meet admission Guidelines at this level of care.
2. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
3. Treatment planning is individualized and appropriate to the individual's changing condition, with realistic and specific goals and objectives clearly stated.
4. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.
5. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are evident.
6. Care is rendered in a clinically appropriate manner and focused on the individual's behavioral and functional outcomes as described in the discharge plan.
7. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
8. There is documented active discharge planning.

SERVICE CATEGORY: OUTPATIENT SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	OUTPATIENT *GROUP* PSYCHOTHERAPY (ADULT MENTAL HEALTH)
Eligibility	Behavioral Health Services (Registered service, does not require prior authorization under this funding source)
Setting	Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Outpatient group psychotherapy is the treatment of psychiatric disorders through scheduled therapeutic visits between the therapist and the patient in the context of a group setting of at least three and no more than twelve individual participants with a common goal. The focus of outpatient group psychotherapy treatment is to improve or maintain an individual's ability to function as well as alleviate symptoms that may significantly interfere with their interpersonal functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.). Group therapy must provide active treatment for a primary DSM (current version) diagnosis. The goals, frequency, and duration of outpatient group treatment will vary according to individual needs and response to treatment.
Service Expectations	• A comprehensive bio-psychosocial assessment must be completed prior to the beginning of treatment and: • Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports), reviewed on an ongoing basis , and adjusted as medically indicated • Assessments and treatment should address mental health needs, and potentially, other co-occurring disorders • Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs • Provided as group psychotherapy • It is the provider's responsibility to coordinate with other treating professionals as needed
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the individual's ability to benefit from treatment.
Staffing	• Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Psychologist

Service Name	OUTPATIENT *GROUP* PSYCHOTHERAPY (ADULT MENTAL HEALTH)
	• Provisionally Licensed Psychologist • Advanced Practice Registered Nurse (APRN) • Psychiatrist
Staffing Ratio	One therapist to a group of at least three and no more than twelve individual participants
Hours of Operation	Typical business hours with weekend and evening hours available by appointment to provide this service
Desired Individual Outcome	• The individual has substantially met their group treatment plan goals and objectives • Individual is able to remain stable in the community without this treatment. • Individual has support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule

UTILIZATION GUIDELINES
OUTPATIENT GROUP PSYCHOTHERAPY

I. Admission Guidelines

All *of the following Guidelines are necessary for admission:*

1. The individual demonstrates symptomatology consistent with a DSM (current version) diagnosis which requires and can reasonably be expected to respond to group therapeutic intervention.
2. The individual participant has an interpersonal problem related to their diagnosis and functional impairments.
3. There is an expectation that the individual has the capacity to make significant progress toward treatment from interaction with others who may have a similar experience.
4. The individual has the competency to function in a group therapy.
5. The individual has a therapeutic goal common to the group.
6. The individual may benefit from confrontation by and/or accountability to a group of peers.

II. Continuing Stay Guidelines

All *of the following Guidelines are necessary for continuing treatment at this level of care:*

1. The individual's condition continues to meet admission Guidelines at this level of care.
2. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
3. Treatment planning is individualized and appropriate to the individual's changing condition, with realistic and specific goals and objectives clearly stated.
4. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.
5. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are evident.
6. Care is rendered in a clinically appropriate manner and focused on the individual's behavioral and functional outcomes as described in the discharge plan.
7. There is documented active discharge planning.

SERVICE CATEGORY: OUTPATIENT SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	OUTPATIENT *FAMILY* PSYCHOTHERAPY (MENTAL HEALTH)
Eligibility	Behavioral Health Services (Registered service, does not require prior authorization under this funding source)
Setting	Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Outpatient family psychotherapy is a therapeutic encounter between the licensed treatment professional and the individual (identified patient), the nuclear and/or the extended family. The specific objective of treatment must be to alter the family system to increase the functional level of the identified patient/family by focusing services/interventions on the systems within the family unit. This therapy must be provided with the appropriate family members and the identified patient
Service Expectations	• Assessment/Evaluation: A Bio psychosocial Assessment (including a detailed family assessment) must be completed prior to the implementation of outpatient family therapy treatment sessions. Assessments should address mental health needs, and potentially, other co-occurring disorders • Assessment should be ongoing with treatment and reviewed each session. • Treatment Planning: A goal-oriented treatment plan with measurable outcomes, and a specific, realistic discharge plan must be developed with the individual (identified patient) and the identified, appropriate family members as part of the initial assessment and outpatient family therapy treatment planning process; the treatment and discharge plan must be evaluated and revised as medically indicated • Consultation and/or referral for general medical, psychiatric, psychological and psychopharmacology needs • Provided as family psychotherapy • It is the provider's responsibility to coordinate with other treating professionals as needed
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the family's ability to benefit from treatment.
Staffing	• Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Psychologist • Provisionally Licensed Psychologist

Service Name	OUTPATIENT *FAMILY* PSYCHOTHERAPY (MENTAL HEALTH)
	• Psychiatrist • Advanced Practice Registered Nurse (APRN)
Staffing Ratio	1 Therapist to 1 Family
Hours of Operation	Typical business hours with weekend and evening hours available by appointment to provide this service
Desired Individual Outcome	• The family has substantially met their treatment plan goals and objectives • Family has support systems secured to help them maintain stability in the community
Rate	See Behavioral Services rate schedule

UTILIZATION GUIDELINES
OUTPATIENT FAMILY PSYCHOTHERAPY

I. Admission Guidelines:

Both criteria are met:

1. Involve the individual *and* his/her family with a therapist for the purpose of changing a behavior health/substance-related related condition focusing on the level of family functioning as a whole and address issues related to the entire family system.
2. Family therapy is recommended through thorough assessments completed by licensed clinicians as medically necessary to achieve goals/objectives for treatment of a behavior health/substance-related condition.

II. Continued Stay Guidelines:

***All** of the following Guidelines are necessary for continuing treatment:*

1. Admission guidelines continue to be met.
2. Treatment planning is individualized and appropriate to the family's changing condition, with realistic and specific goals and objectives clearly stated.
3. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.
4. Progress in relation to specific dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are evident.
5. Care is rendered in a clinically appropriate manner and focused on the family's behavioral and functional outcomes as described in the discharge plan.
6. There is documented active discharge planning

REHABILITATION SERVICES – MENTAL HEALTH

SERVICE CATEGORY: REHABILITATION SERVICES
System Requirement: AUTHORIZED

SERVICE DEFINITION

Service Name	COMMUNITY SUPPORT – MENTAL HEALTH
Funding Source	Behavioral Health Services
Setting	Community Based – Most frequently provided in the home; not facility or office based
Facility License	As required by DHHS Division of Public Health
Basic Definition	Community Support is a rehabilitative and support service for individuals with primary Axis I diagnosis consistent with a serious and persistent mental illness. Community Support Workers provide direct rehabilitation and support services to the individual in the community with the intention of supporting the individual to maintain stable community living, and prevent exacerbation of mental illness and admission to higher levels of care. Service is not provided during the same service delivery hour of other rehabilitation services. DBH only: For the purposes of continuity of care and successful transition of the consumer from 24 hour levels of care, for an individual already enrolled in community support, the service can be authorized 30 days following admission and 30 days prior to discharge from the 24 hour treatment setting.
Service Expectations	• A diagnostic interview conducted by a licensed, qualified clinician AND a bio-psychosocial assessment by a licensed and credentialed mental health professional prior to admission OR completed within 12 months prior to the date of admission. • If the diagnostic interview and/or the bio-psychosocial assessment were completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum, to ensure information is reflective of the client's current status and functioning. The review and update should be completed within 30 days of admission. • A strengths-based assessment which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the client, should be completed within 30 days of admission and may be completed by either non-licensed or licensed individuals on the client's team. • A treatment/rehabilitation/recovery plan developed with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals and specific interventions, that includes a documented discharge and relapse prevention plan, completed within 30 days of admission, reviewed, approved and signed by the Clinical Supervisor, or other licensed professional.

Service Name	COMMUNITY SUPPORT – MENTAL HEALTH
	• Review the treatment/rehabilitation/recovery and discharge plan with treatment team, including the individual, every 90 days, making necessary changes then, or as medically indicated. Each review should be signed by members of the treatment team, at a minimum the Clinical Supervisor, or other licensed professional, care staff and client/family. • Provision of active rehabilitation and support interventions with focus on activities of daily living, education, budgeting, medication compliance and self-administration (as appropriate and part of the overall treatment/recovery plan), relapse prevention, social skills, and other independent living skills that enable the individual to reside in their community • Provide service coordination and case management activities, including coordination or assistance in accessing medical, psychiatric, psychopharmacological, psychological, social, education, housing, transportation or other appropriate treatment/support services as well as linkage to other community services identified in the treatment/rehabilitation/recovery plan • Develop and implement strategies to encourage the individual to become engaged and remain engaged in necessary mental health treatment services as recommended and included in the treatment/rehabilitation/recovery plan • Participate with and report to treatment/rehabilitation team on the individual's progress and response to community support intervention in the areas of relapse prevention, substance use/abuse, application of education and skills, and the recovery environment (areas identified in the plan). • Provide therapeutic support and intervention to the individual in time of crisis and work with the individual to develop a crisis relapse prevention plan • If hospitalization or residential care is necessary, facilitate, in cooperation with the treatment provider, the individual's transition back into the community upon discharge. • Face to-face contact a minimum of 3 times per month or 3 total hours of contact.
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the client's ability to make progress on individual treatment/recovery goals.
Staffing	• Clinical Supervision by a licensed professional (APRN, RN, LMHP, PLMHP, LIMHP, Licensed Psychologist, Provisionally Licensed Psychologist); working with the program to provide clinical supervision, consultation and support to community support staff and the individuals they serve. The Clinical Supervisor will review client clinical needs with the worker every 30 days. The review should be completed preferably face to face but phone review will be accepted. The review may be accomplished by the supervisor consulting with the worker on the list of assigned clients and identifying any clinical recommendations in serving the client. The Clinical Supervisor may complete the review in a group setting with more than one worker as long as each client on the worker's case load is reviewed.

Service Name	COMMUNITY SUPPORT – MENTAL HEALTH
	• Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. *All Community Support workers should be educated/trained in rehabilitation and recovery principles. * Other individuals could provide non-clinical administrative functions.
Staffing Ratio	Clinical Supervisor to Community Support Worker ratio as needed to meet all clinical supervision responsibilities outlined above 1:25 Community Support worker to individuals served
Hours of Operation	24/7 Access to service during weekend/evening hours; in times of crisis, access to a mental health professional
Desired Individual Outcome	• The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without/or with decreased professional external supports and interventions • Individual has alternative support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Health Services rate schedule 1 unit =1 month

UTILIZATION GUIDELINES
COMMUNITY SUPPORT – MENTAL HEALTH

I. Admission Guidelines:

All of the following must be present:

1. DSM (current version) diagnosis consistent with a serious and persistent mental illness; i.e. a primary diagnosis of schizophrenia, major affective disorders, PTSD, OCD or other major mental illness under the current edition of DSM.
2. Persistent mental illness as demonstrated by the presence of the disorder for the last 12 months or which is expected to last 12 months or longer and will result in a degree of limitation that seriously interferes with the client's ability to function independently in an appropriate manner in two of three functional areas.
3. Presence of functional deficits in two of three functional areas: Vocational/education, Social Skills, and Activities of Daily Living.
    a. Vocational/Education: inability to be employed or an ability to be employed only with extensive supports; or deterioration or decompensation resulting in inability to establish or pursue educational goals within normal time frame or without extensive supports; or inability to consistently and independently carry out home management tasks.
    b. Social skills: repeated inappropriate or inadequate social behavior or ability to behave appropriately only with extensive supports; or consistent participation in adult activities only with extensive supports or when involvement is mostly limited to special activities established for persons with mental illness; or history of dangerousness to self/others.
    c. Activities of Daily Living: Inability to consistently perform the range of practical daily living tasks required for basic adult functioning in three of five of the following:

    a) Grooming, hygiene, washing clothes, meeting nutritional needs;
    b) Care of personal business affairs;
    c) Transportation and care of residence;
    d) Procurement of medical, legal, and housing services; or
    e) Recognition and avoidance of common dangers or hazards to self and possessions.
    f) Client is at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional way if needed rehabilitation services are not provided.
4. Symptoms and functional deficits are related to the primary diagnosis.
5. There is an expectation that the client will benefit from rehabilitation treatment.

II. Continued Stay Guidelines:

All of the following guidelines are necessary for continuing treatment at this level of care:

1. The individual continues to meet admission guidelines.
2. The individual does not require a more intensive level of services and no less intensive level of care is appropriate.
3. There is reasonable likelihood of substantial benefits as demonstrated by objective behavioral measurements of improvement in functional areas.
4. The individual is making progress towards rehabilitation goals.

SERVICE CATEGORY: REHABILITATION SERVICES
System Requirement: AUTHORIZED

SERVICE DEFINITION

Service Name	DAY REHABILITATION
Funding Source	Behavioral Health Services
Setting	Facility based/non-hospital
Facility License	Adult Day as required by DHHS Division of Public Health
Basic Definition	Day Rehabilitation services are designed to provide individualized treatment and recovery, inclusive of psychiatric rehabilitation and support for clients with a severe and persistent mental illness and/or co-occurring disorders who are in need of a program operating variable hours. The intent of the service is to support the individual in the recovery process so that he/she can be successful in a community living setting of his/her choice.
Service Expectations	• A diagnostic interview conducted by a licensed, qualified clinician AND a bio-psychosocial assessment by a licensed and credentialed mental health professional prior to admission OR completed within 12 months prior to the date of admission. • If the diagnostic interview and/or the bio-psychosocial assessment were completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum, to ensure information is reflective of the client's current status and functioning. The review and update should be completed within 30 days of admission. • A strengths-based assessment which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the client, should be completed within 30 days of admission and may be completed by non-licensed or licensed individuals on the client's team. • An initial treatment/rehabilitation/recovery plan (orientation, assessment schedule, etc.) to guide the first 30 days of treatment developed within 72 hours of admission. • Alcohol and drug screening; assessment as needed. • A treatment/rehabilitation/recovery plan developed with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals, that includes a documented discharge and relapse prevention plan completed within 30 days of admission • Review the treatment/rehabilitation/recovery and discharge plan with treatment team, including the individual, every 90 days, making necessary changes then, or as often as medically indicated. Each review

Service Name	DAY REHABILITATION
	should be signed by members of the treatment team, at a minimum the Clinical Supervisor, care staff and client/family. • The ability to arrange for general medical, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory and other diagnostic services • Ancillary service referral as needed: (dental, optometry, ophthalmology, other mental health and/or social services including substance use disorder treatment, etc.) • Therapeutic milieu providing active treatment/recovery/rehabilitation activities led by individuals trained in the provision of recovery principles. • The on-site capacity to provide medication administration and/or self-administration, symptom management, nutritional support, social, vocational, and life-skills building activities, self-advocacy, peer support services, recreational activities, and other independent living skills that enable the individual to reside in their community • Services available a minimum of 5 hours/day, 5 days/week which may include weekend and evening hours. • Ability to coordinate other services the individual may be receiving and refer to other necessary services • Referral for services and supports to enhance independence in the community.
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the client's ability to make progress on individual treatment/recovery goals.
Staffing	• Clinical Supervision by a licensed person (APRN, RN, LMHP, PLMHP, LIMHP, Licensed Psychologist, Provisionally Licensed Psychologist); working with the program to provide clinical supervision, consultation and support to direct care staff and the individuals they serve. The Clinical Supervisor will review client clinical needs with the worker every 30 days. The review should be completed preferably face to face but phone review will be accepted. The review may be accomplished by the supervisor consulting with the worker on the list of assigned clients and identifying any clinical recommendations in serving the client. The Clinical Supervisor may complete the review in a group setting with more than one worker as long as each client on the worker's case load is reviewed. • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • All staff must be educated/trained in rehabilitation and recovery principles.

Service Name	DAY REHABILITATION
Staffing Ratio	• Clinical Supervisor to direct care staff ratio as needed to meet all clinical responsibilities outlined above • 1 staff to 6 clients during day and evening hours; access to licensed clinicians as described for Clinical Supervision 24/7 • Care staff to provide a variety of recovery/rehabilitative, therapeutic activities and groups for clients throughout scheduled program times is expected • Other individuals could provide non-clinical administrative functions.
Hours of Operation	Regularly scheduled day, evening, or weekend hours
Desired Individual Outcome	• The individual has substantially met their treatment/recovery/rehabilitation plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions • Individual has support systems secured to maintain stability in a less restrictive environment
Rate	1 Unit = Full Day/5 hours minimum; ½ unit = ½ day/3 hours minimum

UTILIZATION GUIDELINES
DAY REHABILITATION

I. Admission Guidelines:

All of the following must be present:

1. DSM (current version) diagnosis consistent with a serious and persistent mental illness i.e. a primary diagnosis of schizophrenia, major affective disorder, PTSD, OCD or other major mental illness under the current edition of DSM.
2. Persistent mental illness as demonstrated by the presence of the disorder for the last 12 months or which is expected to last 12 months or longer and will result in a degree of limitation that seriously interferes with the client's ability to function independently in an appropriate manner in two of three functional areas.
3. Presence of functional deficits in two of three functional areas: Vocational/education, Social Skills, and Activities of Daily Living.
    a. Vocational/Education: inability to be employed or an ability to be employed only with extensive supports; or deterioration or decompensation resulting in inability to establish or pursue educational goals within normal time frame or without extensive supports; or inability to consistently and independently carry out home management tasks.
    b. Social skills: repeated inappropriate or inadequate social behavior or ability to behave appropriately only with extensive supports; or consistent participation in adult activities only with extensive supports or when involvement is mostly limited to special activities established for persons with mental illness; or history of dangerousness to self/others.
    c. Activities of Daily Living: Inability to consistently perform the range of practical daily living tasks required for basic adult functioning in three of five of the following:
    a) Grooming, hygiene, washing clothes, meeting nutritional needs;
    b) Care of personal business affairs;
    c) Transportation and care of residence;
    d) Procurement of medical, legal, and housing services; or
    e) Recognition and avoidance of common dangers or hazards to self and possessions.
4. Functional deficits of such intensity requiring multiple hours of rehabilitative interventions daily in a structured day setting.
5. The individual is at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional manner if needed multiple hours of rehabilitation services are not provided.
6. Symptoms and functional deficits are related to the primary diagnosis.

7. There is an expectation that the client will benefit from rehabilitation treatment.

II. Continued Stay Guidelines:

All of the following guidelines are necessary for continuing treatment at this level of care:

1. The individual continues to meet admission guidelines.
2. The individual does not require a more intensive level of services and no less intensive level of care is appropriate.
3. There is reasonable likelihood of substantial benefits as demonstrated by objective behavioral measurements of improvement in functional areas.
4. The individual is making progress towards rehabilitation goals.

SERVICE CATEGORY: REHABILITATION SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	RECOVERY SUPPORT
Funding Source	Behavioral Health Services
Setting	Consumer's home or other location at consumer's preference.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Recovery Support services promote successful independent community living by supporting a consumer in achieving his/her behavioral health goals and ability to manage an independent community living situation. Recovery Support is designed to advocate for consumers to access community resources and foster advocacy and self-advocacy in others through the use of wellness and crisis prevention tools. Crisis relapse prevention, case management, and referral to other independent living and behavioral health services are provided to assist the consumer in maintaining self-sufficiency.
Service Expectations	• Develop a mutual set of expectations regarding the roles of the consumer and the Recovery Support Worker within one month of admission to the program. • Implementation or development of a crisis relapse prevention plan. • Foster advocacy and self-advocacy. • Support in rehabilitation and treatment goal achievement and referral to other community resources as needed. • Face-to-face contact a minimum of 1 time per month.
Length of Services	Service continues until discharge guidelines are met or consumer chooses to decline continuation of service.
Staffing	• Supervision by a Behavioral Health Program Director • Recovery Support Worker: High school diploma or equivalent with minimum of 2 years of experience in the field and national accreditation approved training with competency evaluation. Knowledge of trauma informed care principles, recovery, and rehabilitation principles and other related housing supports, i.e. RentWise. All Recovery Support Workers must be trained in rehabilitation and recovery principles within one year of hire. • Personal recovery experience preferred for all positions.
Staffing Ratio	1:40
Hours of Operation	24/7 Access to service during weekend/evening hours, or in time of crisis with the support of a behavioral health professional.

Service Name	RECOVERY SUPPORT
Consumer Desired Outcome	• Consumer has substantially met their individualized Recovery Support Plan goals and objectives. • Consumer demonstrates ability to maintain independent living without professional supports. • Consumer has established formal and informal community supports.
Rate	Non Fee For Service

UTILIZATION GUIDELINES
RECOVERY SUPPORT

I. Admission Guidelines

Consumer must meet all of the following admission guidelines to be admitted to this service.

1. Diagnosed with a behavioral health disorder.
2. Demonstrated inability to sustain independent housing and living without professional support.
3. History of multiple treatment episodes and/or recent episode with a history of poor treatment adherence or outcome.
4. Requires assistance in obtaining and coordinating treatment, rehabilitation, and social services.
5. Does not require more intensive intervention.

II. Continued Stay Guidelines

Consumer must meet all of the following continued stay guidelines to continue receiving this service.

1. Continues to meet Admission Guidelines.
2. Demonstrated ability to engage in individualized treatment/recovery/rehabilitation goals and objectives.

SERVICE CATEGORY: REHABILITATION SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	SUPPORTED EMPLOYMENT
Funding Source	Behavioral Health Services
Setting	• Community-based settings such as consumer's home, job site, neutral setting away from work place selected by consumer. • Minimal services provided in an office-based setting.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Supported Employment is designed to provide recovery and rehabilitation services and supports to consumers engaged in community-based competitive employment-related activities in normalized settings. A Supported Employment team provides assistance with all aspects of employment development as requested and needed by the consumer. The intent of the service is to support the consumer in the recovery process so the consumer's employment goals can be successfully obtained.
Service Expectations	• Initial employment assessment completed within one week of program entry. • Individualized Employment Plan developed with consumer within two weeks of program entry. • Assistance with benefits counseling through Vocational Rehabilitation or other individual qualified to do such work for consumers who are eligible for or potentially eligible but not receiving benefits from Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI). • Individualized and customized job search with consumer. • Employer contacts based on consumer's job preferences and needs and typically provided within one month of program entry. • On-site job support and job skill development as needed and requested by consumer. • Provide diversity in job options based on consumer preference including self-employment options. • Follow-along supports provided to employer and consumer. • Participation on consumer's treatment/rehabilitation/recovery team as needed and requested by consumer including crisis relapse prevention planning. • Employment Plan reviewed and updated with consumer as needed but not less than every six months. • Services reflect consumer preferences with competitive employment as the goal and are integrated with other services and supports as requested by consumer. • Frequency of face-to-face contacts based upon need of the consumer and the employer.

Service Name	SUPPORTED EMPLOYMENT
	• Job Development activities. • All services must be culturally sensitive.
Length of Services	Length of service is individualized and based on criteria for admission and continued treatment as well as consumer's ability to make progress on individual employment goals.
Staffing	• Program Director: Three years of experience in vocationally related service, vocational related degree preferred, or a Program Director of other rehabilitation service. • Supported Employment Specialist: High school with minimum of 2 years of experience in the field and training, preferably by a nationally accredited training program, with evaluation of course competency. Supported Employment Specialists must be capable to perform all phases of vocational services (engagement, assessment, job development, job placement, job coaching, and follow-along supports). • Personal recovery experience preferred for all positions.
Staffing Ratio	One full-time Employment Specialist to 25 consumers.
Hours of Operation	The program is flexible to meet the consumer's employment needs including day, evening, weekend, and holidays.
Desired Consumer Outcome	• Consumer has made progress on his/her self-developed service plan goals and objectives. • Consumer is competitively employed and maintaining a job of his/her choice.
Rate	See Fee Schedule • No expenses paid for prevocational training, sheltered work, or employment in enclaves. • Transitional Employment Program (TEP) is acceptable when the clubhouse is certified by the International Center for Clubhouse Development (ICCD) and is used to help the consumer move toward competitive employment. TEPs can be no more than one-third (1/3) of the jobs in the program.

UTILIZATION GUIDELINES
SUPPORTED EMPLOYMENT

I. Admission Guidelines

Consumer must meet all of the following admission guidelines to be admitted to this service.

1. DSM diagnosis of a behavioral health disorders i.e. mental illness, alcoholism, drug abuse, or related addictive disorder.
2. Consumer desires to return to work and requires supports to secure and maintain competitive employment.
3. Zero exclusion-This means every consumer who wants employment and meets other admission guidelines is eligible regardless of job readiness or past history.

II. Continued Stay Guidelines

Consumer must meet all of the following continued stay guidelines to continue receiving this service.

1. Consumer continues to meet Admission Guidelines.
2. Consumer is making progress towards vocational goals.

SERVICE CATEGORY: REHABILITATION SERVICES
System Requirement: AUTHORIZED

SERVICE DEFINITION

Service Name	SECURE RESIDENTIAL
Funding Source	Behavioral Health Services
Setting	Facility based with the capacity to be locked
Facility License	Mental Health Center as required by DHHS Division of Public Health
Basic Definition	Secure Residential Treatment is intended to provide individualized recovery, psychiatric rehabilitation, and support as determined by a strengths-based assessment for individuals with a severe and persistent mental illness and/or co-occurring substance use disorder demonstrating a moderate to high-risk for harm to self/others and in need of a secure, recovery/rehabilitative/therapeutic environment.
Service Expectations	• History and Physical within 24 hours of admission by a physician or APRN. A history and physical may be accepted from previous provider if completed within the last three months. An annual physical must be completed. • Initial Diagnostic Interview within 24 hours of admission by a psychiatrist • Nursing assessment within 24 hours of admission • Other assessments as needed, and as needed on an ongoing basis all of which should integrate MH/SUD treatment needs • Initial treatment/recovery plan completed within 24 hours of admission with the psychiatrist as the supervisor of clinical treatment and direction. • Multidisciplinary bio-psychosocial assessment completed within 14 days of admission. • An individual recovery/discharge/relapse prevention plan developed with the individual and chosen supports' input (with informed consent) within 30 days of admission and reviewed weekly by the individual and recovery team • Integration of substance use disorder and mental health needs and strengths in assessment, treatment/recovery plan, and programming. • Consultation services available for general medical, dental, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory and other diagnostic services as needed • Face-to-face with a psychiatrist at a minimum of every 30 days or as often as medically necessary • 42 hours of active treatment available/provided to each consumer weekly, seven days per week • Access to community-based rehabilitation/social services to assist in transition to community living

Service Name	SECURE RESIDENTIAL
	• Medication management (administration and self-administration), and education • Psychiatric and nursing services • Individual, group, and family therapy and substance use disorder treatment as appropriate • Psycho-educational services including daily living, social skills, community living, family education, transportation to community services, peer support services, advance directive planning, self-advocacy, recreation, vocational, financial
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the individual's ability to make progress on individual treatment/recovery goals. An individual may decline continuation of the service, unless under mental health board commitment, court order, or have a legal guardian.
Staffing	• Medical Director: Psychiatrist with adequate time to meet the requirements as identified in the service expectations. • Program Director (APRN, RN, LMHP, LIMHP, or licensed, clinical psychologist) must have the ability to create and manage a clinical team. • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Therapist: Psychologist, LIMHP, APRN, PLMHP, LMHP/LADC • Nursing: 24 hours per day. APRN, RN with psychiatric experience
Staffing Ratio	• 1 direct care staff to 4 clients during client awake hours (day and evening shifts); 1 awake staff to 6 clients with on-call availability of additional support staff during client sleep hours (overnight); access to on-call, licensed mental health professionals 24/7 • Consider appropriate care staff coverage to provide a variety of recovery/rehabilitative, therapeutic activities and groups for clients throughout weekdays and weekends. • RN services are provided in a RN/client ratio sufficient to meet client care needs • Therapist to consumer, 1 to 8 • Peer Support to consumer, 1 to 16 if available
Hours of Operation	24/7

Service Name	SECURE RESIDENTIAL
Desired Individual Outcome	• Symptoms are stabilized and the individual no longer meets clinical guidelines for secure residential care • Individual has made **substantial** progress on his/her self-developed recovery plan goals and objectives, and developed a crisis relapse/prevention plan • Individual is able to be safely treated in the community
Rate	1 Unit = 1 Day

UTILIZATION GUIDELINES
SECURE RESIDENTIAL

I. Admission Guidelines

Individual must meet #1 and either #2 and/or #3 of the following admission guidelines to be admitted to this service.

1. Moderate to high risk of relapse or symptoms reoccurrence, as evidenced by the following (must meet ALL criteria):
    a. Active symptomology consistent with DSM diagnoses, and
    b. High need for professional structure, intervention and observation, and
    c. High risk for re-hospitalization without 24-hour supervision, and
    d. Unable to safely reside in less restrictive residential setting and requires 24-hour supervision.
2. Moderate to high risk of danger to self as a product of the principal DSM (recent version) diagnosis, as evidenced by any of the following:
    a. Attempts to harm self, which are life threatening or could cause disabling permanent damages with continued risk without 24-hour behavioral monitoring.
    b. Suicidal ideation
    c. A level of suicidality that cannot be safely managed without 24-hour behavioral monitoring.
    d. At risk for severe self-neglect resulting in harm or injury.
3. Moderate to high risk of danger to others, as a product of the principal DSM (recent version) diagnosis, as evidenced by any of the following:
    a. Life threatening action with continued risk without 24-hour behavioral supervision and intervention.
    b. Harmful ideation

II. Continued Stay Guidelines

Individual must meet all of the following continued stay guidelines to continue receiving this service

1. Valid DSM (current version) diagnosis or co-occurring disorder that results in a pervasive level of impairment
2. The reasonable likelihood of substantial benefit as a result of recovery/rehabilitation therapeutic activities that necessitates the 24-hour secure care setting.
3. Able to participate in recovery/rehabilitation/therapeutic activities.
4. Achieve progress towards recovery goals.
5. Continuation of symptoms or behaviors that required admission, and the judgment that a less intensive level of care and supervision would be insufficient to safely support the individual.

SERVICE CATEGORY: REHABILITATION SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	DAY SUPPORT
Funding Source	Behavioral Health Service
Setting	Facility-based/non-hospital
Facility License	Adult Day as required by DHHS Division of Public Health
Basic Definition	Day Support is designed to provide minimal social support to consumers who currently receive, or have received behavioral health services and are in the recovery process. The intent of the service is to support the consumer in the recovery process so he/she can experience success in the community living setting of his/her choice.
Service Expectations	• Consumer and Day Support Worker will identify and/or plan social activities meaningful to the consumer. • Consult with the consumer on a one-on-one basis to discuss consumer's recovery process. • Provide behavioral health, case management, and human service referrals as needed. • Access to support during pre-crisis or crisis situation. • All services must be culturally sensitive.
Length of Services	Service continues until discharge guidelines are met or consumer chooses to decline continuation of service.
Staffing	• Supervision by a Day Rehabilitation Director or other Behavioral Health Service Director. • Day Support Worker: High school diploma or equivalent with minimum of two years of experience in the field and national accreditation approved training with competency evaluation. All Day Support Workers educated/trained in rehabilitation and recovery principles. • Personal recovery experience preferred for all positions.
Staffing Ratio	Staffing as appropriate to meet service expectations.
Hours of Operation	Regularly scheduled day, evening, and weekend hours.
Consumer Desired Outcome	• Consumer is able to maintain independent living without professional supports. • Consumer has established formal and informal community supports.
Rate	Non Fee For Service

UTILIZATION GUIDELINES

DAY SUPPORT

I. Admission Guidelines

Consumer must meet all of the following admission guidelines to be admitted to this service.

1. Serious mental illness or co-occurring (mental health/substance-related) disorders.
2. Consumer desires supports to engage in a personal recovery process.
3. Consumer does not require more intensive intervention.
4. Medically and psychiatrically stable.

II. Continued Stay Guidelines

Consumer must meet all of the following continued stay guidelines to continue receiving this service.

1. Continues to meet Admission Guidelines.
2. Consumer participates in social and other personal recovery opportunities.

SERVICE CATEGORY: REHABILITATION SERVICES
System Requirement: AUTHORIZED

SERVICE DEFINITION

Service Name	ASSERTIVE COMMUNITY TREATMENT/ ALTERNATIVE ASSERTIVE COMMUNITY TREATMENT
Funding Source	Behavioral Health Services
Setting	Community-based, usually in the client's home.
Facility License	As required by DHHS Division of Public Health
Basic Definition	The Assertive Community Treatment/Alternative Community Treatment (ACT) Team provides high intensity services, and is available to provide treatment, rehabilitation, and support activities seven days per week, twenty-four hours per day, 365 days per year. The team has the capacity to provide multiple contacts each day as dictated by client need. The team provides ongoing continuous care for an extended period of time, and clients admitted to the service who demonstrate any continued need for treatment, rehabilitation, or support will not be discharged except by mutual agreement between the client and the team.
Service Expectations	• Comprehensive Assessment: The Comprehensive Assessment is unique to the ACT Program in its scope and completeness. A Comprehensive Assessment is the process used to evaluate a client's past history and current condition in order to identify strengths and problems, outline goals, and create a comprehensive, individual treatment/rehabilitation/recovery/service plan. The Comprehensive Assessment reviews information from all available resources including past medical records, client self-report, interviews with family or significant others if approved by the client, and other appropriate resources, as well as current assessment by team clinicians from all disciplines. This assessment must include thorough medical and psychiatric evaluations. A Comprehensive Assessment must be initiated and completed within 30 days after the client's admission to the ACT program. • A treatment/rehabilitation/recovery/service plan developed under clinical guidance with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals and specific interventions, that includes a crisis/relapse prevention plan, completed within 21 days of the completion of the Comprehensive Assessment. • The treatment/rehabilitation/recovery/service plan is reviewed and revised at least every 6 months or more often as medically indicated. The team leader, psychiatrist, appropriate team members, the client, and appropriate, approved family members or others must participate. • Medical assessment, management and intervention as needed.

Service Name	ASSERTIVE COMMUNITY TREATMENT/ ALTERNATIVE ASSERTIVE COMMUNITY TREATMENT
	• Individual/family/group psychotherapy and substance use disorder counseling as needed. Referrals to appropriate support group services may be appropriate. • Medication prescribing, delivery, administration and monitoring. • Crisis intervention as required • Rehabilitation services, including symptom management skill development, vocational skill development, and psycho-educational services focused on activities of daily living, social functioning, and community living skills. • Supportive interventions which include direct assistance and coordination in obtaining basic necessities such as medical appointments, housing, transportation, and maintaining family/other involvement with the individual, etc.
Length of Services	By nature of the program description, the service is intended to be available to the individual indefinitely but discharge may occur if the individual for example refuses further consent to be involved in the program or relocates outside of the ACT team's geographic area, or no longer needs the service.
Staffing	• A licensed Psychiatrist who serves as the Team Psychiatrist of the program and meets the FTE standards for evidence-based ACT programs • For ACT Alternative Programs: A Psychiatrist/Advanced Practice Registered Nurse (APRN) Team provides the Team Psychiatrist functions, and the psychiatrist at a minimum provides an in-depth psychiatric assessment and initial determination for medical and psychopharmacological treatment, individual treatment rehabilitation and recovery plan reviews, weekly clinical supervision, and participation in at least two daily meetings per week. APRN's may provide coverage for psychiatric time as a part of the Psychiatrist/APRN Team when the APRN is practicing within his/her scope of practice, has an integrated practice agreement with the team psychiatrist, and defines the relationship with the psychiatrist. All other program staffing standards apply. • Team Leader (Master's Degree in nursing, social work, psychiatric rehabilitation or other human service needs, psychiatrist, psychologist) • Licensed mental health practitioners LMHP, PLMHP, Psychologist, Provisional Psychologist, LADC, PLADC (dually licensed professionals preferable) • Substance Abuse Specialists with at least one year training/experience in substance use disorder treatment, or a LADC, or LMHP with specialized substance use disorder training • Vocational Specialists with at least one year training/experience in vocational rehabilitation and support

Service Name	ASSERTIVE COMMUNITY TREATMENT/ ALTERNATIVE ASSERTIVE COMMUNITY TREATMENT
	• Mental Health Worker (bachelor's degree or higher in psychology, sociology, or a related field is preferred, but two years of course work in a human services field, or High School Diploma and two years of experience/training or lived recovery experience with demonstrated skills and competencies in treatment with individuals with a MH diagnoses is acceptable. All staff should be trained in rehabilitation and recovery principles, and personal recovery experience is a positive. • Registered Nurses with psychiatric experience • Peer support worker (Peer support training is preferred) • Support staff (administrative)
Staffing Ratio	Assertive Community Treatment: Team member to client ratio is 1 to no more than 10. A full-time psychiatrist is required for programs of 100 persons served. Increases in the size of the program should reflect a proportional increase in psychiatrist hours and availability. Alternative Community Treatment: The Psychiatrist/APRN Team must provide a full-time equivalent for programs of 100 persons served. Increases in the size of the program should reflect a proportional increase in the number of hours supplied by this team. At least sixteen hours of this team's psychiatrist time is required weekly for programs of up to 100 individuals served, and 20 hours weekly for programs of up to 120 individuals served, or increased proportionally to reflect the numbers of individuals served. The team APRN's hours should be increased proportionally to assure the overall team hours reflect one FTE for each 100 individuals served, or a proportional increase for programs over 100 individuals served. Each program serving 100 persons must provide 2 full-time RN's, 2 Substance Abuse Specialists, and 2 Vocational Specialists. For ACT teams over 100 individuals, there should be a proportional increase in staff hours for the RN, Vocational Rehabilitation Specialist, and Substance Abuse Treatment Specialist to address needs of the additional individuals. *Team member to client ratio should not consider the team psychiatrist/APRN or those providing administrative support.
Hours of Operation	A minimum of 12 hours per day, 8 hours per day on weekends/holidays. Staff on-call 24/7 and able to provide needed services and to respond to psychiatric crises.
Desired Consumer Outcome	• The individual has substantially met the agreed upon treatment plan goals and objectives and is stable in a community setting.

Service Name	ASSERTIVE COMMUNITY TREATMENT/ ALTERNATIVE ASSERTIVE COMMUNITY TREATMENT
Limitations	Clients are eligible for acute inpatient psychiatric hospitalization and subacute inpatient psychiatric hospitalization which would be available during crisis when there is clinical need for evaluation and stabilization. Other mental health services are available to individuals transitioning into, or, out of ACT services. During the client's involvement in the ACT services, no other mental health service is available.
Rate	1 Unit = 1 Day See fee schedule for rate differentiation between ACT Programs and ACT Alternative Programs

UTILIZATION GUIDELINES
ASSERTIVE COMMUNITY TREATEMENT
ALTERNATIVE ASSERTIVE COMMUNITY SUPPORT

I. Admission Guidelines:

All of the following must be present:

1. DSM (current version) diagnosis consistent with a serious and persistent mental illness i.e. a primary diagnosis of schizophrenia, major affective disorders, PTSD, OCD or other major mental illness under the current edition of DSM.
2. Persistent mental illness as demonstrated by the presence of the disorder for the last 12 months or which is expected to last 12 months or longer and will result in a degree of limitation that seriously interferes with the client's ability to function independently in an appropriate manner in two of three functional areas.
3. Presence of functional deficits in two of three functional areas: Vocational/education, Social Skills, Activities of Daily Living.
   a Vocational/Education: inability to be employed or an ability to be employed only with extensive supports; or deterioration or decompensation resulting in inability to establish or pursue educational goals within normal time frame or without extensive supports; or inability to consistently and independently carry out home management tasks.
   b Social skills: repeated inappropriate or inadequate social behavior or ability to behave appropriately only with extensive supports; or consistent participation in adult activities only with extensive supports or when involvement is mostly limited to special activities established for persons with mental illness; or history of dangerousness to self/others.
   c Activities of Daily Living: Inability to consistently perform the range of practical daily living tasks required for basic adult functioning in three of five of the following:
      - Grooming, hygiene, washing clothes, meeting nutritional needs;
      - Care of personal business affairs;
      - Transportation and care of residence;
      - Procurement of medical, legal, and housing services; or
      - Recognition and avoidance of common dangers or hazards to self and possessions.
4. Functional deficits of such intensity requiring extensive professional multidisciplinary treatment, rehabilitation and support interventions with 24 hour capability

5. The individual is at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional way if needed treatment/rehabilitation services with 24 hour capability are not provided.
6. The individual has a history of high utilization of psychiatric inpatient and emergency services.
7. The individual has had less than satisfactory response to previous levels of treatment/rehabilitation interventions.

II. Continued Stay Guidelines:

All of the following guidelines are necessary for continuing treatment at this level of care:

1. The individual continues to meet admission guidelines.
2. The individual does not require a more intensive level of services and no less intensive level of care is appropriate.
3. There is reasonable likelihood of substantial benefits as demonstrated by objective behavioral measurements of improvement in functional areas.
4. The individual is making progress towards treatment/rehabilitation goals.

SERVICE CATEGORY: REHABILITATION SERVICES
System Requirement: AUTHORIZED

SERVICE DEFINITION

Service Name	PSYCHIATRIC RESIDENTIAL REHABILITATION
Funding Source	Behavioral Health Services
Setting	Facility based.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Psychiatric Residential Rehabilitation is designed to provide individualized treatment and recovery inclusive of psychiatric rehabilitation and support for individuals with a severe and persistent mental illness and/or co-occurring disorder who are in need of recovery and rehabilitation activities within a residential setting. Psychiatric Residential Rehabilitation is provided by a treatment/recovery team in a 24-hour staffed residential facility. The intent of the service is to support the individual in the recovery process so that he/she can be successful in a community living setting of his/her choice.
Service Expectations	• A diagnostic interview conducted by a licensed, qualified clinician AND a bio-psychosocial assessment by a licensed and credentialed mental health professional prior to admission OR completed within 12 months prior to the date of admission. • If the diagnostic interview and/or the bio-psychosocial assessment were completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum, to ensure information is reflective of the client's current status and functioning. The review and update should be completed within 30 days of admission. • A strengths-based assessment which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the client, should be completed within 30 days of admission and may be completed by non-licensed or licensed individuals on the client's team. • An initial treatment/rehabilitation/recovery plan (orientation, assessment schedule, etc.) to guide the first 30 days of treatment developed within 72 hours of admission. • Arrange for psychiatric services as needed • Alcohol and drug screening; assessment as needed.

Service Name	PSYCHIATRIC RESIDENTIAL REHABILITATION
	• A treatment/rehabilitation/recovery plan developed with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals, that includes a documented discharge and relapse prevention plan completed within 30 days of admission • Review the treatment/recovery and discharge plan with the individual, other approved family/supports, and the Clinical Supervisor every 90 days or more often as needed; updated as medically indicated; approved and signed by the Clinical Supervisor, other team members, and the individual being served. • The ability to arrange for general medical, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory and other diagnostic services • Ancillary service referral as needed: (dental, optometry, ophthalmology, other mental health and/or social services including substance use disorder treatment, etc.) • Therapeutic milieu offering 25 hours of staff led active treatment/rehabilitation/recovery activities per client served, 7 days/week • The on-site capacity to provide medication administration and/or self-administration, symptom management, nutritional support, social, vocational, and life-skills building activities, self-advocacy, peer support services, recreational activities, and other independent living skills that enable the individual to reside in their community • Ability to coordinate and offer a minimum of 20 hours/week of additional off-site rehabilitation, vocational, and educational activities • Ability to coordinate other services the individual may be receiving and refer to other necessary services • Referral for services and supports to enhance independence in the community
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the client's ability to make progress on individual treatment/recovery goals.
Staffing	• Clinical Supervision by a licensed person (APRN, RN, LMHP, PLMHP, LIMHP, Licensed, Psychologist, Provisionally Licensed Psychologist); working with the program to provide clinical supervision, consultation and support to direct care staff and the individuals they serve. The Clinical Supervisor will review client clinical needs with the worker every 30 days. The review should be completed preferably face to face but phone review will be accepted. The review may be accomplished by the supervisor consulting with the worker on the list of assigned clients and identifying any clinical recommendations in serving the client. The Clinical Supervisor may complete the review in a group setting with more than one worker as long as each client on the worker's case load is reviewed. • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.

Service Name	PSYCHIATRIC RESIDENTIAL REHABILITATION
	• All staff must be educated/trained in rehabilitation and recovery principles. • Other individuals could provide non-clinical administrative functions.
Staffing Ratio	• Clinical Supervisor to direct care staff ratio as needed to meet all responsibilities • Care staff to provide a variety of recovery/rehabilitative, therapeutic activities and groups for clients throughout scheduled program times is expected.
Hours of Operation	24/7
Desired Individual Outcome	• The individual has substantially met their treatment/rehabilitation/recovery plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed with professional external supports and interventions outside of the psychiatric residential rehabilitation facility • Individual has support systems secured to maintain stability in a less restrictive environment
Rate	1 Unit = 1 Day

UTILIZATION GUIDELINES
PSYCHIATRIC RESIDENTIAL REHABILITATION

I. Admission Guidelines:

All of the following must be present:

1. DSM (current version) diagnosis consistent with a serious and persistent mental illness i.e. a primary diagnosis of schizophrenia, major affective disorder, PTSD, OCD or other major mental illness under the current edition of DSM.
2. Persistent mental illness as demonstrated by the presence of the disorder for the last 12 months or which is expected to last 12 months or longer and will result in a degree of limitation that seriously interferes with the client's ability to function independently in an appropriate manner in two of three functional areas.
3. Presence of functional deficits in two of three functional areas: Vocational/education, Social Skills, and Activities of Daily Living.
    a. Vocational/Education: inability to be employed or an ability to be employed only with extensive supports; or deterioration or decompensation resulting in inability to establish or pursue educational goals within normal time frame or without extensive supports; or inability to consistently and independently carry out home management tasks.
    b. Social skills: repeated inappropriate or inadequate social behavior or ability to behave appropriately only with extensive supports; or consistent participation in adult activities only with extensive supports or when involvement is mostly limited to special activities established for persons with mental illness; or history of dangerousness to self/others.
    c. Activities of Daily Living: Inability to consistently perform the range of practical daily living tasks required for basic adult functioning in three of five of the following:
        - Grooming, hygiene, washing clothes, meeting nutritional needs;
        - Care of personal business affairs;
        - Transportation and care of residence;
        - Procurement of medical, legal, and housing services; or
        - Recognition and avoidance of common dangers or hazards to self and possessions.
4. Functional deficits of such intensity requiring professional interventions in a 24 hour psychiatric residential setting.
5. The individual is at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional way if needed residential rehabilitation services are not provided.
6. Requires 24-hour awake staff to assist with psychiatric rehabilitation.

II. Continued Stay Guidelines:

All of the following guidelines are necessary for continuing treatment at this level of care:

1. The individual continues to meet admission guidelines.
2. The individual does not require a more intensive level of services and no less intensive level of care is appropriate.
3. There is reasonable likelihood of substantial benefits as demonstrated by objective behavioral measurements of improvement in functional areas.
4. The individual is making progress towards rehabilitation goals.
5. Continues to require 24-hour awake staff to assist with psychiatric rehabilitation.

SUBSTANCE USE DISORDER

SERVICE CATEGORY: SUBSTANCE USE DISORDER
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	ADULT SUBSTANCE USE DISORDER ASSESSMENT
Eligibility	Behavioral Health Services
Setting	Professional office environment or treatment center
Facility License	SATC outpatient as required by DHHS Division of Public Health
Basic Definition	The following is based on the Adult Criteria of the Patient Placement Criteria for the Treatment of Substance Use Disorders of the American Society of Addiction Medicine (ASAM) for the complete criteria. The Initial Adult Substance Use Disorder Assessment must be completed by a fully licensed clinician who is working within their scope of practice (i.e. training, experience, and/or education in substance use disorder treatment).
Service Expectations	The Report is comprised of three components: I. ASSESSMENT AND SCREENING TOOLS AND SCORES II. COMPREHENSIVE BIOPSYCHOSOCIAL ASSESSMENT III. MULTIDIMENSIONAL RISK PROFILE TO DETERMINE TYPE AND INTENSITY OF SERVICES I. **ASSESSMENT AND SCREENING TOOLS AND SCORES** All Initial Adult Substance Use Disorder Assessment Reports must include the use and results of at least 1 of the following nationally accepted screening instruments. The instruments may be electronically scored if indicated acceptable by author: • SASSI (Substance Abuse Subtle Screening Inventory) • TII (Treatment Intervention Inventory) • SUDDS (Substance Use Disorder Diagnostic Schedule) • MADIS (Michigan Alcohol Drug Inventory Screen) • MAST (Michigan Alcoholism Screening Test) • MINI (Mini International Neuropsychiatric Interview) • WPI (Western Personality Interview) • PBI (Problem Behavior Inventory) • RAATE (Recovery Attitude and Treatment Evaluator) • CIWA (Clinical Institute Withdrawal Assessment) • GAIN-SS • SALCE (Substance Abuse/Life Circumstance Evaluation) • PAI (Personality Assessment Inventory)

Service Name	ADULT SUBSTANCE USE DISORDER ASSESSMENT
	II. **COMPREHENSIVE BIOPSYCHOSOCIAL ASSESSMENT/SUBSTANCE USE DISORDER EVALUATION:** The ASI (Addiction Severity Index) is required to be used as a face-to-face structured interview guide, to be scored and utilized to provide information for the bio psychosocial assessment/substance use disorder evaluation and the multidimensional risk profile. A comprehensive bio psychosocial assessment will include all of the following: **Demographics** 1. Identify provider name, address, phone, fax, and e-mail contact information. 2. Identify client name, identifier, and other demographic information of the client that is relevant. **Presenting Problem/Chief Complaint** 1. External leverage to seek evaluation 2. When was client first recommended to obtain an evaluation 3. Synopsis of what led client to schedule this evaluation **Medical History** **Work/School/Military History** **Alcohol/Drug History & Summary** 1. Frequency and amount 2. Drug and alcohol of choice 3. History of all substance use and substance use disorders 4. Use patterns 5. Consequences of use (physiological, interpersonal, familial, vocational, etc.) 6. Periods of abstinence/when and why 7. Tolerance level 8. Withdrawal history and potential 9. Influence of living situation on use 10. Addictive behaviors (e.g., gambling) 11. IV drug use 12. Prior substance use disorder evaluations and findings 13. Prior substance use disorder treatment 14. Client's family chemical use history

Service Name	ADULT SUBSTANCE USE DISORDER ASSESSMENT
	Legal History 1. Criminal history and other information 2. Drug testing results 3. Simple Screening Instrument results 4. Nebraska Standardized Reporting Format for Substance Abusing Offenders **Family / Social/ Peer History** (including trauma history) **Psychiatric/Behavioral History** 1. Previous mental health diagnoses 2. Prior mental health treatment **Collateral Information** (Family/Friends/Criminal Justice) Report any information about the client's use history, pattern and/or consequences learned from other sources. **Other Diagnostics/ Screening Tools – Score & Results** **Clinical Impression** 1. Summary of evaluation A. Behavior during evaluation (agitated, mood, cooperation) B. Motivation to change C. Level of denial or defensiveness D. Personal Agenda E. Discrepancies of information provided 2. Diagnostic impression (including justification) to include DSM 3. Strengths of client and family identified 4. Problems identified **Recommendations:** 1. Complete III. Multidimensional Risk Profile 2. Complete the ASAM Clinical Assessment and Placement Summary • A comprehensive bio psychosocial assessment can only be obtained through collateral contacts with significant others or family members to gather relevant information about individual and family functioning and through collateral contacts with former and current healthcare providers, friends, and court contacts to verify medical history, substance usage, and legal history.

Service Name	ADULT SUBSTANCE USE DISORDER ASSESSMENT
	• When dually credentialed clinicians are completing the evaluation, the recommendations must include co-occurring issues. • When LADCs are completing the evaluation they must include a screening for possible co-occurrence of mental health problems and include referral for mental health evaluation as appropriate in their recommendations. III. **MULTIDIMENSIONAL RISK PROFILE** Recommendations for individualized treatment, potential services, modalities, resources, and interventions must be based on the ASAM national criteria multidimensional risk profile. Below is a brief overview on how to use the matrix to match the risk profile with type and intensity of service needs. **The provider is responsible for referring to the ASAM criteria for the full matrix when applying the risk profile for recommendations.** Step 1: Assess all six dimensions to determine whether the patient has immediate needs related to imminent danger, as indicated by a Risk Rating of "4" in any of the six dimensions. The Dimensions with the highest risk rating determines the immediate service needs and placement decision. Step 2: If the patient is not in imminent danger, determine the patient's Risk Rating in each of the six dimensions. (For patients who have "dual diagnosis" problems, assess Dimensions 4, 5 and 6 separately for the mental and substance-related disorders. This assists in identifying differential mental health and addiction treatment service needs and helps determine the kind of dual diagnosis program most likely to meet the patient's needs.) Step 3: Identify the appropriate types of services and modalities needed for all dimensions with any clinically significant risk ratings. Not all dimensions may have sufficient severity to warrant service needs at the time of the assessment. Step 4: Use the Multidimensional Risk Profile produced by this assessment in Steps 2 and 3 to develop an initial treatment plan and placement recommendation. This is achieved by identifying in which level of care the variety of service needs in all relevant dimensions can effectively and efficiently be provided. The appropriate Intensity of Service, Level of Care and Setting may be the highest Risk Rating across all the dimensions. Consider, however, that the interaction of needs across all dimensions may require more intensive services than the highest Risk Rating alone.

Service Name	ADULT SUBSTANCE USE DISORDER ASSESSMENT
	Step 5: Make ongoing decisions about the patient's continued service needs and placement by repeating Steps 1 through 4. Keep in mind that movement into and through the continuum of care should be a fluid and flexible process that is driven by continuous monitoring of the patient's changing Multidimensional Risk Profile.
Length of Services	NA
Staffing	Substance Use Disorder Assessment – LADC, LIMHP, LMHP, LMHP/LADC, LMHP/PLADC, Psychologist Dual Assessment (SUD/MH) - LMHP, LIMHP, LMHP/LADC, LMHP/PLADC, Psychologist *An individual currently holding ONLY a provisional license, without another valid professional license, is permitted to conduct the Initial Adult Substance Use Disorder Assessment, within their scope of practice and with supervision as required by the DHHS Division of Public Health.
Staffing Ratio	1 to 1 typically
Hours of Operation	Typical office hours with available evening and weekend hours by appointment
Desired Individual Outcome	Upon completion of the substance use disorder assessment, the individual will have been assessed for a substance use disorder diagnosis, an assessment of risk of dangerousness to self and/or others, and recommendation for the appropriate service level with referrals to appropriate service providers.
Rate	See Fee Schedules for Behavioral Health Services 1 Unit = 1 Assessment

SERVICE CATEGORY: SUBSTANCE USE DISORDER
System Requirement: AUTHORIZED

SERVICE DEFINITION

Service Name	COMMUNITY SUPPORT – LEVEL 1: ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services
Setting	Community Based – Most frequently provided in the home
Facility License	Substance Abuse Treatment Center outpatient as required by DHHS Division of Public Health
Basic Definition	Community Support - Substance Use Disorder is a rehabilitative and support service for individuals with primary substance use disorders. Community Support Workers provide direct rehabilitation and support services to the individual in the community with the intention of supporting the individual to maintain abstinence, stable community living, and prevent exacerbation of illness and admission to higher levels of care. Service is not provided during the same service delivery hour of other rehabilitation services; DBH exception: For the purposes of continuity of care and successful transition of the consumer from 24 hour levels of care, for an individual already enrolled in community support, the service can be authorized 30 days in and 30 days prior to discharge from the 24 hour treatment setting.
Service Expectations	• A Substance Use Disorder Assessment by a licensed clinician prior to the beginning of treatment. A substance use disorder assessment completed by a licensed clinician from a previous provider in combination with a discharge plan from the previous provider which includes a diagnosis and level of care recommendation can also be accepted and updated via an addendum. • A strengths-based assessment which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the client, should be completed within 30 days of admission and may be completed by non-licensed or licensed individuals on the client's team. • A treatment/recovery plan developed with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals and specific interventions, and that includes a documented discharge and relapse prevention plan, completed within 30 days of admission, reviewed, approved and signed by the Clinical Supervisor. • Review and update of the treatment/recovery and discharge plan with the individual and other approved family/supports every 90 days or more often as medically indicated; approved and signed by the Clinical Supervisor, or other licensed person. • Provision of active rehabilitation and support interventions with focus on activities of daily living, education, budgeting, medication compliance and self-administration (as appropriate and part of the overall

Service Name	COMMUNITY SUPPORT – LEVEL 1: ADULT SUBSTANCE USE DISORDER
	treatment/recovery plan), relapse prevention, social skills, and other independent living skills that enable the individual to reside in their community • Provide service coordination and case management activities, including coordination or assistance in accessing medical, psychopharmacological, psychological, psychiatric, social, education, transportation or other appropriate treatment/support services as well as linkage to other community services identified in the treatment/recovery plan • Develop and implement strategies to encourage the individual to become engaged and remain engaged in necessary substance use disorder and mental health treatment services as recommended and included in the treatment/recovery plan • Participate with and report to treatment/rehabilitation team on the individual's progress and response to community support intervention in the areas of relapse prevention, substance use disorder, application of education and skills, and the recovery environment (areas identified in the plan). • Provide therapeutic support and intervention to the individual in time of crisis • If hospitalization or residential care is necessary, facilitate, in cooperation with the treatment provider, the individual's transition back into the community upon discharge. • Face-to-face contact a minimum of 3 times per month or 3 total hours of contact. • If the client has a co-occurring diagnosis (MH/SUD), it is the provider's responsibility to coordinate with other treating professionals.
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the client's ability to make progress on individual treatment/recovery goals.
Staffing	• Clinical Supervision (APRN, RN, LMHP, LIMHP, PLMHP, LADC, PLADC, Licensed Psychologist, Provisionally Licensed Psychologist); dual MH/SUD preferred) working with the program and responsible for all clinical decisions (i.e. admissions, assessment, treatment/discharge planning and review) and to provide clinical consultation and support to community support workers and the individuals they serve. The Clinical Supervisor will review client clinical needs with the worker every 30 days. The review should be completed preferably face to face but phone review will be accepted. The review may be accomplished by the supervisor consulting with the worker on the list of assigned clients and identifying any clinical recommendations in serving the client. The Clinical Supervisor may complete the review in a group setting with more than one worker as long as each client on the worker's case load is reviewed. • Other individuals could provide non-clinical administrative functions. • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in

Service Name	COMMUNITY SUPPORT – LEVEL 1: ADULT SUBSTANCE USE DISORDER
	treatment with individuals with a behavioral health diagnoses is acceptable.
Staffing Ratio	24/7 Access to service during weekend/evening hours; in times of crisis, access to a mental health professional
Hours of Operation	• The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without/with decreased professional external supports and interventions Individual has alternative support systems secured to help the individual maintain stability in the community
Desired Individual Outcome	• See Behavioral Health Services rate schedule 1 unit =1 month
Rate	

UTILIZATION GUIDELINES
COMMUNITY SUPPORT – LEVEL 1: SUBSTANCE USE DISORDER

I. Admission Guidelines:

1. The individual is assessed as meeting the diagnostic criteria for a substance-related disorder (including Substance Use Disorder or Substance-Induced Disorder), as defined in the most recent DSM as well as the dimensional criteria for admission.
2. The individual who is identified as in need of Level 1 Dual Diagnosis Enhanced program services is assessed as meeting the diagnostic criteria for a Mental Disorder as well as a substance-related Disorder, as defined in the most recent DSM as well as the dimensional criteria for admission.
3. The individual has a substance dependence diagnosis with functional impairments in each of the following areas: activities of daily living, employment/educational, and social which are the direct result of the diagnosis
4. The individual is assessed as meeting specifications in ALL of the following six dimensions.
5. There is an expectation that the individual has the capacity to make significant progress toward treatment goals.

The following six dimensions and criteria are abbreviated. **Providers should refer to *ASAM Criteria – 3rd Edition* beginning on page 174 for complete criteria for each dimension.**

Dimension 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL:

- Acute Intoxication &/or Withdrawal Potential: Not experiencing withdrawal/minimal risk of severe withdrawal.

Dimension 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS:

- Biomedical Conditions & Complications: None or very stable or receiving concurrent medical monitoring.

Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS AND COMPLICATIONS:

- None or very stable or receiving mental health monitoring.

Dimension 4: READINESS TO CHANGE:

- Ready for recovery but needs motivation and monitoring strategies to strengthen readiness OR High severity in this dimension but not in other dimensions. Needs a Level I motivational enhancement program.

Dimension 5: RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL:

- Able to maintain abstinence or control use and pursue recovery or motivational goals with minimal support.

Dimension 6: RECOVERY ENVIRONMENT:

- Recovery environment is not supportive but, with structure and support, the client can cope.

Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

   OR

2. The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

   AND/OR

3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem (s), he or she should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer Criteria.

SERVICE CATEGORY: SUBSTANCE USE DISORDER
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	OUTPATIENT *INDIVIDUAL* THERAPY– LEVEL 1: ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services (Registered service, does not require prior authorization under this funding source)
Setting	Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service.
Facility License	SATC outpatient as required by DHHS Division of Public Health
Basic Definition	Outpatient Individual Substance Use Disorder Therapy describes the professionally directed evaluation, treatment and recovery services for individuals experiencing a substance related disorder that causes moderate and/or acute disruptions in the individual's life.
Service Expectations	• A Substance Use Disorder Assessment by a licensed clinician prior to the beginning of treatment • Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports), reviewed on an ongoing basis, adjusted as medically necessary, and signed by the team including the individual served. • Assessments, treatment, and referral should address co-occurring needs • Monitoring stabilized co-occurring mental health problems • Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs • Motivational interviewing • If the client has a co-occurring diagnosis it is the provider's responsibility to coordinate with other treating professionals
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the client's ability to benefit from individual treatment/recovery goals.
Staffing	• Appropriately licensed and credentialed professionals (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP/LADC, PLMHP/LADC, LMHP, PLMHP, LADC, PLADC) working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) outpatient treatment • A dually licensed clinician is preferred for any client with a co-occurring diagnosis.
Staffing Ratio	1:1 Individual

Service Name	OUTPATIENT *INDIVIDUAL* THERAPY– LEVEL 1: ADULT SUBSTANCE USE DISORDER
Hours of Operation	Typical business hours with weekend and evening hours available by appointment to provide this service
Desired Individual Outcome	• The individual has substantially met their treatment plan goals and objectives • Individual is able to remain stable and sober in the community without this treatment. • Individual has support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule

UTILIZATION GUIDELINES
OUTPATIENT INDIVIDUAL PSYCHOTHERAPY: Level 1

I. Admission Guidelines:

1. The individual is assessed as meeting the diagnostic criteria for a substance-related Disorder (including Substance Use Disorder or Substance-Induced Disorder), as defined in the most recent DSM as well as the dimensional criteria for admission.
2. The individual who is identified as in need of Level 1 Dual Diagnosis Enhanced program services is assessed as meeting the diagnostic criteria for a Mental Disorder as well as a Substance Use Disorder, as defined in the most recent DSM as well as the dimensional criteria for admission.
3. There are significant symptoms as a result of the diagnosis that interfere with the individual's ability to function in at least one life area.
4. The individual is assessed as meeting specifications in ALL of the following six dimensions.
5. There is an expectation that the individual has the capacity to make significant progress toward treatment goals or treatment.

The following six dimensions and criteria are abbreviated. **Providers should refer to *ASAM Criteria – 3rd Edition* beginning on page 174 for complete criteria for each dimension.**

Dimension 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL:

- Acute Intoxication &/or Withdrawal Potential: Not experiencing withdrawal/minimal risk of severe withdrawal.

Dimension 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS:

- Biomedical Conditions & Complications: None or very stable or receiving concurrent medical monitoring.

Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS AND COMPLICATIONS:

- None or very stable or receiving mental health monitoring.

Dimension 4: READINESS TO CHANGE:

- Ready for recovery but needs motivation and monitoring strategies to strengthen readiness OR High severity in this dimension but not in other dimensions. Needs a Level I motivational enhancement program.

Dimension 5: RELAPSE, CONTINUED USE OR CONTINUE PROBLEM POTENTIAL:

- Able to maintain abstinence or control use and pursue recovery or motivational goals with minimal support..

Dimension 6: RECOVERY ENVIRONMENT:

- Recovery environment is not supportive but, with structure and support, the client can cope.

II. Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

OR

2. The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

AND/OR

3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.

4. To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem (s), he or she should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer Criteria.

SERVICE CATEGORY: SUBSTANCE USE DISORDER
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	OUTPATIENT *GROUP* THERAPY - LEVEL 1: ADULT SUBSTANCE USE DISORDER
Eligibility	Behavioral Health Services (Registered service, does not require prior authorization under this funding source)
Setting	Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service.
Facility License	SATC outpatient as required by DHHS Division of Public Health
Basic Definition	Outpatient substance use disorder group therapy is the treatment of substance related disorders through scheduled therapeutic visits between the therapist and the individual in the context of a group setting of at least three and no more than twelve individual participants with a common goal. The focus of outpatient group substance use disorder treatment is substance related disorders which are causing moderate and/or acute disruptions in the individual's life. The goals, frequency, and duration of outpatient group treatment will vary according to individual needs and response to treatment.
Service Expectations	• A Substance Use Disorder Assessment by a licensed clinician prior to the beginning of treatment • Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports), reviewed on an ongoing basis, adjusted as medically indicated, and signed by the treatment team including the individual served • Assessments, treatment, and referral should address co-occurring needs • Monitoring stabilized co-occurring mental health problems • Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs • Motivational interviewing • Education • If the client has a co-occurring diagnosis it is the provider's responsibility to coordinate with other treating professionals
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the client's ability to benefit from group treatment/recovery goals.
Staffing	Appropriately licensed and credentialed professionals (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP/LADC, PLMHP/LADC, LMHP, PLMHP, LADC, PLADC) working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) outpatient treatment A dually licensed clinician is preferred for any client with a co-occurring diagnosis.

Service Name	OUTPATIENT *GROUP* THERAPY - LEVEL 1: ADULT SUBSTANCE USE DISORDER
Staffing Ratio	One therapist to a group of at least three and no more than twelve individual participants
Hours of Operation	Typical business hours with weekend and evening hours available by appointment to provide this service
Desired Individual Outcome	• The individual has substantially met their treatment plan goals and objectives • Individual is able to remain stable and sober in the community without this treatment. • Individual has support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule

UTILIZATION GUIDELINES
OUTPATIENT GROUP PSYCHOTHERAPY: Level 1

I. Admission Guidelines:

1. The individual is assessed as meeting the diagnostic criteria for a substance-related Disorder (including Substance Use Disorder or Substance-Induced Disorder), as defined in the most recent DSM as well as the dimensional criteria for admission.
2. The individual who is identified as in need of Level 1 Dual Diagnosis Enhanced program services is assessed as meeting the diagnostic criteria for a Mental Disorder as well as a Substance Use Disorder, as defined in the most recent DSM as well as the dimensional criteria for admission.
3. There are significant symptoms as a result of the diagnosis that interfere with the individual's ability to function in at least one life area.
4. The individual is assessed as meeting specifications in ALL of the following six dimensions.
5. There is an expectation that the individual has the capacity to make significant progress toward treatment goals or treatment.

The following six dimensions and criteria are abbreviated. **Providers should refer to *ASAM Criteria – 3rd Edition* beginning on page 174 for complete criteria for each dimension.**

Dimension 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL:

- Acute Intoxication &/or Withdrawal Potential: Not experiencing withdrawal/minimal risk of severe withdrawal.

Dimension 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS:

- Biomedical Conditions & Complications: None or very stable or receiving concurrent medical monitoring.

Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS AND COMPLICATIONS:

- None or very stable or receiving mental health monitoring.

Dimension 4: READINESS TO CHANGE:

- Ready for recovery but needs motivation and monitoring strategies to strengthen readiness OR High severity in this dimension but not in other dimensions. Needs a Level I motivational enhancement program.

Dimension 5: RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL:

- Able to maintain abstinence or control use and pursue recovery or motivational goals with minimal support.

Dimension 6: RECOVERY ENVIRONMENT:

- Recovery environment is not supportive but, with structure and support, the client can cope.

II. Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

OR

2. The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

AND/OR

3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem(s), he or she should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer Criteria.

SERVICE CATEGORY: SUBSTANCE USE DISORDER
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	OUTPATIENT *FAMILY* THERAPY - LEVEL 1: SUBSTANCE USE DISORDER
Eligibility	Behavioral Health Services (Registered service, does not require prior authorization under this funding source)
Setting	Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service.
Facility License	SATC outpatient as required by DHHS Division of Public Health
Basic Definition	Outpatient family substance use disorder therapy is a therapeutic encounter between the licensed treatment professional and the individual (identified patient), the nuclear and/or the extended family. The specific objective of treatment must be to alter the family system to increase the functional level of the identified patient/family by focusing services/interventions on the systems within the family unit. This therapy must be provided with the appropriate family members and the individual.
Service Expectations	• A Substance Use Disorder Assessment by a licensed clinician prior to the beginning of treatment • Assessment should be ongoing with treatment and reviewed each session. • Treatment Planning: A goal-oriented treatment plan with measurable outcomes, and a specific, realistic discharge plan must be developed with the individual (identified patient) and the identified, appropriate family members as part of the initial assessment and substance use disorder outpatient family therapy treatment planning process; the treatment and discharge plan must be evaluated and revised as medically indicated during the course of treatment. The treatment plan must be signed by the treatment provider and the individual(s) served. • Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs • Provided as family psychotherapy
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the family's ability to benefit from treatment.
Staffing	Appropriately licensed and credentialed professionals (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP/LADC, PLMHP/LADC, LMHP, PLMHP, LADC, PLADC) working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) outpatient treatment. A dually licensed clinician is preferred for any client with a co-occurring diagnosis.
Staffing Ratio	1 Therapist to 1 Family

Service Name	OUTPATIENT *FAMILY* THERAPY - LEVEL 1: SUBSTANCE USE DISORDER
Hours of Operation	Typical business hours with weekend and evening hours available by appointment to provide this service
Desired Individual Outcome	• The family has substantially met their treatment plan goals and objectives • Family has support systems secured to help them maintain stability in the community
Rate	See Behavioral Services rate schedule

UTILIZATION GUIDELINES
OUTPATIENT FAMILY PSYCHOTHERAPY: Level 1

I. Admission Guidelines:

1. The individual/family is assessed as meeting the diagnostic criteria for a substance-related Disorder (including Substance Use Disorder or Substance-Induced Disorder), as defined in the most recent DSM as well as the dimensional criteria for admission.
2. The individual/family who is identified as in need of Level 1 Dual Diagnosis Enhanced program services is assessed as meeting the diagnostic criteria for a Mental Disorder as well as a Substance Use Disorder, as defined in the most recent DSM as well as the dimensional criteria for admission.
3. The individual/family is assessed as meeting specifications in ALL of the following six dimensions.
4. There are significant symptoms as a result of the diagnosis that interfere with the individual's/families ability to function in at least one life area.
5. There is an expectation that the individual/family has the capacity to make significant progress toward treatment goals.

The following six dimensions and criteria are abbreviated. **Providers should refer to *ASAM Criteria – 3rd Edition* beginning on page 174 for complete criteria for each dimension.**

Dimension 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL:

- Acute Intoxication &/or Withdrawal Potential: Not experiencing withdrawal/minimal risk of severe withdrawal.

Dimension 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS:

- Biomedical Conditions & Complications: None or very stable or receiving concurrent medical monitoring.

Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS AND COMPLICATIONS:

- None or very stable or receiving mental health monitoring.

Dimension 4: READINESS TO CHANGE:

- Ready for recovery but needs motivation and monitoring strategies to strengthen readiness OR High severity in this dimension but not in other dimensions. Needs a Level I motivational enhancement program.

Dimension 5: RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL:

- Able to maintain abstinence or control use and pursue recovery or motivational goals with minimal support..

Dimension 6: RECOVERY ENVIRONMENT:

- Recovery environment is not supportive but, with structure and support, the client can cope.

II. Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. The individual/family is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

   OR

2. The individual/family is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

   AND/OR

3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's/family's new problems can be addressed effectively.

To document and communicate the individual's/family's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem (s), the family should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer Criteria.

SERVICE CATEGORY: SUBSTANCE USE DISORDER
System Requirement: AUTHORIZED

SERVICE DEFINITION

Service Name	INTENSIVE OUTPATIENT – LEVEL 2.1: ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services
Setting	Intensive Outpatient Services are provided in an office/clinic environment or other location appropriate to the provision of psychotherapy service.
Facility License	Substance Abuse Treatment Center outpatient as required by DHHS Division of Public Health
Basic Definition	Intensive Outpatient Services provide group based, non-residential, intensive, structured interventions consisting primarily of counseling and education about substance related and co-occurring mental health problems. Services are goal oriented interactions with the individual or in group/family settings. This community based service allows the individual to apply skills in "real world" environments.
Service Expectations	• A Substance Use Disorder Assessment by a licensed clinician prior to the beginning of treatment • Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports) within the first 2 contacts • Review and update of the treatment/recovery plan under clinical guidance with the individual and other approved family/supports every 2 weeks or more often as medically indicated, and ensure signatures by the treatment team including the individual • Therapies/interventions should include individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies • Other services could include 24 hours crisis management, family education, self-help group and support group orientation • Monitoring stabilized co-occurring mental health problems • Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs • Provides 9 or more hours per week of skilled treatment, 3 – 5 times per week • Access to a licensed mental health/substance abuse professional on a 24/7 basis • If the client has a diagnosis (MH/SUD) it is the provider's responsibility to coordinate with other treating professionals.
Length of Services	Length of service is individualized and based on clinical criteria for admission and continued treatment, as well as the client's ability to make progress on individual treatment/recovery goals. Six to 10 weeks may be typical.

Service Name	INTENSIVE OUTPATIENT – LEVEL 2.1: ADULT SUBSTANCE USE DISORDER
Staffing	Appropriately licensed and credentialed professionals (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP/LADC, PLMHP/LADC, LMHP, PLMHP, LADC, PLADC) working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) outpatient treatment. Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors or dually licensed MH/SUD clinicians providing direct addictions counseling.
Staffing Ratio	1:1 Individual; 1:1 Family; 1:3 minimum and no more than 1:12 maximum for group treatment
Hours of Operation	Typical business hours with weekend and evening hours available to provide this service
Desired Individual Outcome	• The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and intervention • Individual is able to remain stable and sober in the community at a less intensive level of treatment or support
Rate	See Behavioral Services rate schedule

UTILIZATION GUIDELINES
INTENSIVE OUTPATIENT: Level 2.1

I. Admission Guidelines:

1. The individual is assessed as meeting the diagnostic criteria for a substance-related Disorder (including Substance Use Disorder or Substance-Induced Disorder), as defined in the most recent DSM.
2. The individual in need of Level 2.1 Dual Diagnosis Enhanced program services is assessed as meeting the diagnostic criteria for a Mental Disorder as well as a substance-related disorder, as defined in the most recent DSM.
3. Direct admission to a Level 2.1 program is advisable for the individual who meets specifications in Dimension 2 (if any biomedical conditions or problems exist) and in Dimension 3 (if any emotional, behavioral or cognitive conditions or problems exist), as well as in ***one*** of Dimensions 4, 5, or 6.
4. Transfer to a Level 2.1 program is advisable for an individual who (a) has met the essential treatment objectives at a more intensive level of care and (b) requires the intensity of services provided at Level 2.1 in at least one dimension.
5. An individual also may be transferred to Level 2.1 from a Level I program when the services provided at Level I have proved insufficient to address the individual's needs or when Level I services have consisted of motivational interventions to prepare the patient for participation in a more intensive level of service, for which he or she now meets the admission criteria.
6. There is an expectation that the individual has the capacity to make significant progress toward treatment goals or treatment.

The following six dimensions and criteria are abbreviated. **Providers should refer to *ASAM Criteria – 3rd Edition* beginning on page 174 for complete criteria for each dimension.**

Dimension 1: ACUTE INTOXICATION &/OR WITHDRAWAL POTENTIAL:
- Minimal risk of severe withdrawal.

Dimension 2: BIOMEDICAL CONDITIONS & COMPLICATIONS:
- None or not a distraction from treatment. Such problems are manageable at Level 2.1.

Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS & COMPLICATIONS:
- Mild severity, w/potential to distract from recovery; needs monitoring.

Dimension 4: READINESS TO CHANGE:
- Has variable engagement in treatment, ambivalence, or lack of awareness of the substance use or mental health problem, and requires a structured program several times a week to promote progress through the stages of change.

Dimension 5: RELAPSE, CONT. USE OR CONT. PROBLEM POTENTIAL:

- Intensification of addiction or mental health symptoms indicate a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week.

Dimension 6: RECOVERY ENVIRONMENT:

- Recovery environment is not supportive but, with structure and support, the client can cope.

II. Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

   OR

2. The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

   AND/OR

3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem (s), he or she should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer Criteria.

SERVICE CATEGORY: SUBSTANCE USE DISORDER
System Requirement: AUTHORIZED

SERVICE DEFINITION

Service Name	HALFWAY HOUSE – LEVEL 3.1: ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center as required by DHHS Division of Public Health
Basic Definition	Halfway House is a transitional, 24-hour structured supportive living/treatment/recovery facility located in the community for adults seeking reintegration into the community generally after primary treatment at a more intense level. This service provides safe housing, structure and support, affording individuals an opportunity to develop and practice their interpersonal and group living skills, strengthen recovery skills and reintegrate into their community, find/return to employment or enroll in school.
Service Expectation	• A strengths based substance use disorder assessment and mental health screening conducted by licensed clinician at admission with ongoing assessment as needed • Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 14 days of admission • Review and update of the treatment/recovery plan with the individual and other approved family/supports every 30 days or more often as medically indicated • Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living • Other services could include 24 hours crisis management, family education, self-help group and support group orientation • Monitoring stabilized co-occurring mental health problems • Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs • Provides a minimum of 8 hours of skilled treatment and recovery focused services per week including therapies/interventions such as individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, but individuals typically require this service for longer than 6 months for maximum effectiveness

Staffing	• Clinical Director (APRN, RN, LMHP, LIMHP, or licensed psychologist) or LADC working with the program and responsible for all clinical decisions (i.e. admissions, assessment, treatment/discharge planning and review) and to provide consultation and support to care staff and the individuals they serve. • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder treatment. LADC's and PLADC's are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors. • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • All staff should be educated/trained in rehabilitation and recovery principles
Staffing Ratio	• Clinical Director to direct care staff ratio as needed to meet all responsibilities • 1:10 Direct Care Staff to Individual (day and evening hours), 1:12 Therapist to Individual • 1 staff awake overnight with on-call availability • On-call availability of direct care staff and licensed clinicians 24/7
Hours of Operation	24/7
Desired Individual Outcome	• The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and intervention • Individual has alternative support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule; 1 unit = 1 day

UTILIZATION GUIDELINES
HALFWAY HOUSE: Level 3.1

I. Admission Guidelines:

1. The individual meets the diagnostic criteria for a substance-related disorder, (including Substance Use Disorder or Substance-Induced Disorder) as defined in the most recent DSM, as well as the dimensional criteria for admission.
2. The individual meets specifications in each of the six dimensions for this level of care.
3. The individual is expected to benefit from this treatment.

The following six dimensions and criteria are abbreviated. **Providers should refer to *ASAM Criteria – 3rd Edition* beginning on page 174 for complete criteria for each dimension.**

Dimension 1: ACUTE INTOXICATION &/OR WITHDRAWAL POTENTIAL:
- No withdrawal risk, or minimal or stable withdrawal. Concurrently receiving Level 1-D (minimal) or Level 2-D (moderate) services.

Dimension 2: BIOMEDICAL CONDITIONS & COMPLICATIONS:
- None or stable, or receiving concurrent medical monitoring.

Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS & COMPLICATIONS:
- None or minimal; not distracting to recovery.

Dimension 4: READINESS TO CHANGE:
- Open to recovery, but needs a structured environment to maintain therapeutic gains.

Dimension 5: RELAPSE, CONT. USE OR CONT. PROBLEM POTENTIAL:
- Understands relapse but needs structure to maintain therapeutic gains.

Dimension 6: RECOVERY ENVIRONMENT:
- Environment is dangerous but recovery is achievable if Level 3.1 24-hour structure is available.

II. Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

OR

2. The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

AND/OR

3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem (s), he or she should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer Criteria.

SERVICE CATEGORY: SUBSTANCE USE DISORDER
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	SOCIAL DETOXIFICATION – LEVEL 3.2WM: ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services
Setting	Facility Based
Facility License	Substance Abuse Treatment Center as required by DHHS Division of Public Health
Basic Definition	Social Detoxification provides intervention in substance use disorder emergencies on a 24 hour per day basis to individuals experiencing acute intoxication. This service has the capacity to provide a safe residential setting with staff present for observation and implementation of physician approved protocols designed to physiologically restore the individual from an acute state of intoxication when medical treatment for detoxification is not necessary.
Service Expectations	• A biophysical screening (includes at a minimum, vital signs, detoxification rating scale, and other fluid intake) conducted by appropriately trained staff at admission with ongoing monitoring as needed, with licensed medical consultation available. • Implementation of physician approved protocols • An addiction focused history is obtained and reviewed with the physician if protocols indicate concern. • Physical exam to be completed prior to admission if the client will be self-administering detoxification medication. This is not necessary if the program has 24-hour nursing and nursing administers client medications according to the program's physician protocols • Monitor self-administered medications • Sufficient biopsychosocial screening to determine the level of care in which the patient should be placed and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6. • Detoxification staff will initiate a plan of care for the individual at the time of intake. Prior to discharge, the staff in concert with the individual will develop a discharge plan which will include specific referral and relapse strategy. • Daily assessment of individual progress through detoxification and any treatment changes • Medical evaluation and consultation is available 24 hours per day • Consultation and/or referral for general medical, psychiatric, psychological, psychopharmacology, and other needs • Interventions will include a variety of educational sessions for individuals and their families, and motivational and enhancement strategies

Service Name	SOCIAL DETOXIFICATION – LEVEL 3.2WM: ADULT SUBSTANCE USE DISORDER
	• Individual participation is based on the biophysical condition and ability of the individual. • Assist individual to establish social supports to enhance recovery.
Length of Services	Generally 2 to 5 days
Staffing	• Clinical Director (APRN, RN, LMHP, LIMHP, or Licensed Psychologist or LADC providing consultation and support to care staff and the individuals they work with. This individual will also continually incorporate new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation. • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder. LADC's and PLADC's are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors. • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Special training and competency evaluation required in carrying out physician developed protocols. • All staff should be educated/trained in rehabilitation and recovery principles.
Staffing Ratio	Clinical Director to direct care staff ratio as needed to meet all responsibilities 2 awake Direct Care staff overnight
Hours of Operation	24/7
Desired Individual Outcome	The individual has successfully detoxified and has been assessed and referred for additional service/treatment needs
Rate	See Behavioral Services rate schedule; 1 unit = 1 day

UTILIZATION GUIDELINES
SOCIAL DETOXIFICATION: Level 3.2 WM

I. Admission Guidelines:

1. The individual in a Level 3.2 WM detoxification program presents in an intoxicated state and meets ASAM dimensional criteria for admission. **Providers should refer to *ASAM Criteria – 3rd Edition* beginning on page 174 for complete criteria for each dimension.**

The individual who is appropriately placed in a Level 3.2 WM detoxification program meets specifications in (a) *and* (b):

(a) The individual is experiencing signs and symptoms of withdrawal, or there is evidence (based on history of substance intake, age, gender, previous withdrawal history, present symptoms, physical condition, and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent. The individual is assessed as not being at risk of severe withdrawal syndrome, and moderate withdrawal is safely manageable at this level of service (see examples pg. 164-169). **AND**

(b) The individual is assessed as not requiring medication, but requires this level of service to complete detoxification and enter into continued treatment or self-help recovery because of inadequate home supervision or support structure, as evidenced by meeting [1] or [2] or [3]:

- [1] The individual's recovery environment is not supportive of detoxification and entry into treatment, and the individual does not have sufficient coping skills to safely deal with the problems in the recovery environment; *or*
- [2] The individual has a recent history of detoxification at less intensive levels of service that is marked by inability to complete detoxification or to enter into continuing addiction treatment, and the individual continues to have insufficient skills to complete detoxification; *or*
- [3] The individual has demonstrated an inability to complete detoxification at a less intensive level of services, as by continued use of other-than prescribed drugs or other mind-altering substances.

II. Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

OR

2. The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

AND/OR

3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem (s), he or she should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer Criteria.

SERVICE CATEGORY: SUBSTANCE USE DISORDER
System Requirement: AUTHORIZED

SERVICE DEFINITION

Service Name	INTERMEDIATE RESIDENTIAL (CO-OCCURRING DIAGNOSIS CAPABLE) – LEVEL 3.3: Adult Substance Use Disorder
Funding Source	Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center as required by DHHS Division of Public Health
Basic Definition	Intermediate Residential Treatment is intended for adults with a primary substance use disorder for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of dependence on the individual's life or because of a history of repeated short-term or less restrictive treatment failures. Typically this service is more supportive than therapeutic communities and relies less on peer dynamics in its treatment approach.
Service Expectations	• A strengths based, substance use disorder assessment and mental health screening conducted prior to admission by licensed professionals, with ongoing assessment as needed • Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 7 days of admission • Review and update of the treatment/recovery plan under clinical supervision with the individual and other approved family/supports every 30 days or more often as needed • Therapies/interventions should include individual, family, and group substance use disorder counseling, educational groups, motivational enhancement and engagement strategies provided a minimum of 30 hours per week • Program is characterized by slower paced interventions; purposefully repetitive to meet special individual treatment needs • Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living • Other services could include 24 hours crisis management, family education, self-help group and support group orientation • Monitoring stabilized co-occurring mental health problems • Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, but individuals typically require this service for up to one year for maximum effectiveness

Service Name	INTERMEDIATE RESIDENTIAL (CO-OCCURRING DIAGNOSIS CAPABLE) – LEVEL 3.3: Adult Substance Use Disorder
Staffing	• Clinical Director (APRN, RN, LMHP, LIMHP, LADC or Licensed Psychologist) to provide clinical supervision, consultation and support to all program staff and the clients they serve. This individual will also continually incorporate new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation. • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder. LADC's and PLADC's are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors. • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Other program staff may include RN's, LPN's, recreation therapists or social workers • All staff should be educated/trained in rehabilitation and recovery
Staffing Ratio	• Clinical Director to direct care staff ratio as needed to meet all responsibilities • 1:10 Direct Care staff to individuals served during all waking hours • 1:10 Therapist to individuals • 1 awake staff for each 10 individuals during client sleep hours (overnight) with on-call availability for emergencies, 2 awake staff overnight for 11 or more individuals served • On-call availability of medical and direct care staff and licensed clinicians to meet the needs of individuals served 24/7
Hours of Operation	24/7
Desired Individual Outcome	• The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions • Individual has alternative support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule; 1 unit = 1 day

UTILIZATION GUIDELINES
INTERMEDIATE RESIDENTIAL: Level 3.3

I. Admission Guidelines:

1. The individual meets the diagnostic criteria for a substance-related disorder, as defined in the most recent DSM, as well as the dimensional criteria for admission.
2. Individuals in Level 3.3 Dual Diagnosis Capable programs may have co-occurring mental disorders that meet the stability criteria for placement in a Dual Diagnosis Capable program: or difficulties with mood, behavioral or cognitive symptoms that are troublesome but do not meet the most recent DSM criteria for a mental disorder.
3. The individual who is appropriately admitted to a Level 3.3 Dual Diagnosis Enhanced program meets the diagnostic criteria for a Mental Disorder as well as a substance-related disorder, as defined in the most recent DSM as well as the dimensional criteria for admission.
4. The individual meets specifications in each of the six dimensions.
5. The individual has a substance-related diagnosis (including Substance Use Disorder or Substance-Induced Disorder) with functional impairments in each of the following areas: activities of daily living, employment/educational, and social which are the direct result of the diagnosis 6. The individual is expected to benefit from this level of treatment.

The following six dimensions and criteria are abbreviated. **Providers should refer to *ASAM Criteria – 3rd Edition* beginning on page 174 for complete criteria for each dimension.**

Dimension 1: ACUTE INTOXICATION &/OR WITHDRAWAL POTENTIAL:

- Not at risk of severe withdrawal, or moderate withdrawal is manageable at Level 3.2-D.

Dimension 2: BIOMEDICAL CONDITIONS & COMPLICATIONS:

- None or stable, or receiving concurrent medical monitoring.

Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS & COMPLICATIONS:

- Mild to moderate severity; needs structure to focus on recovery. If stable, a Dual Diagnosis Capable program is appropriate. If not, a Dual Diagnosis Enhanced program is required. Treatment should be designed to respond to the client's cognitive deficits.

Dimension 4: READINESS TO CHANGE:

- Has little awareness and needs interventions available only at Level 3.3 to engage and stay in treatment; or there is high severity in this dimension but not in others. The client, therefore, needs a Level 1 motivational enhancement program.

Dimension 5: RELAPSE, CONT. USE OR CONT. PROBLEM POTENTIAL:

- Has little awareness and needs intervention available only at Level 3.3 to prevent continued use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction.

Dimension 6: RECOVERY ENVIRONMENT:

- Environment is dangerous and client needs 24-hour structure to learn to cope.

II. Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

   OR

2. The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

   AND/OR

3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem (s), he or she should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer Criteria.

SERVICE CATEGORY: SUBSTANCE USE DISORDER
System Requirement: AUTHORIZED

SERVICE DEFINITION

Service Name	THERAPEUTIC COMMUNITY (CO-OCCURRING DIAGNOSIS CAPABLE) – LEVEL 3.3 ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center as required by DHHS Division of Public Health
Basic Definition	Therapeutic Community is intended for adults with a primary substance use disorder for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of substance use disorder on the individual's life or because of a history of repeated short-term or less restrictive treatment failures. This service provides psychosocial skill building through a set of longer term, highly structured peer oriented treatment activities which define progress toward individual change and rehabilitation and which incorporate a series of defined phases. The individual's progress must be marked by advancement through these phases to less restrictiveness and more personal responsibility.
Service Expectations	• A strengths based substance use disorder assessment and mental health screening conducted by appropriately credentialed professionals at admission with ongoing assessment as needed • Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 7 days of admission • Review and update of the treatment/recovery plan under clinical supervision with the individual and other approved family/supports every 30 days or more often as needed • A minimum of 30 hours of treatment and recovery focused services weekly including individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies • Program is characterized by peer oriented activities and defined progress through defined phases • Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living • Other services could include 24 hours crisis management, family education, self-help group and support group orientation • Monitoring stabilized co-occurring mental health problems • Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs

Service Name	THERAPEUTIC COMMUNITY (CO-OCCURRING DIAGNOSIS CAPABLE) – LEVEL 3.3 ADULT SUBSTANCE USE DISORDER
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, but individuals typically require this service for up to one year for maximum effectiveness
Staffing	Clinical Director (APRN, RN, LMHP, LIMHP, LADC or Licensed Psychologist) to provide clinical supervision, consultation and support to all program staff and the clients they serve. This individual will also continually incorporate new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation. • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder. LADC's and PLADC's are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors. Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • All staff should be educated/trained in rehabilitation and recovery principles.
Staffing Ratio	• Clinical Director to direct care staff ratio as needed to meet all responsibilities • 1 awake staff for each 10 individuals during client sleep hours (overnight) with on-call availability for emergencies, 2 awake staff overnight for 11 or more individuals served • 1:10 Therapist to individual • On-call availability of direct care staff and licensed clinicians 24/7
Hours of Operation	24/7
Desired Individual Outcome	• The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions • Individual has alternative support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule; 1 unit = 1 day

UTILIZATION GUIDELINES
THERAPEUTIC COMMUNITY: Level 3.3

I. Admission Guidelines:

1. The individual meets the diagnostic criteria for a substance-related Disorder, as defined in the most recent DSM, as well as the dimensional criteria for admission.
2. Individuals in Level 3.3 Dual Diagnosis Capable programs may have co-occurring mental disorders that meet the stability criteria for placement in a Dual Diagnosis Capable program: or difficulties with mood, behavioral or cognitive symptoms that are troublesome but do not meet the DSM criteria for a mental disorder.
3. The individual who is appropriately admitted to a Level 3.3 Dual Diagnosis Enhanced program meets the diagnostic criteria for a Mental Disorder as well as a substance-related Disorder, as defined in the current DSM, as well as the dimensional criteria for admission.
4. The individual meets specifications in each of the six dimensions.
5. It is expected that the individual will be able to benefit from this treatment.

The following six dimensions and criteria are abbreviated. **Providers should refer to *ASAM Criteria – 3rd Edition* beginning on page 174 for complete criteria for each dimension.**

Dimension 1: ACUTE INTOXICATION &/OR WITHDRAWAL POTENTIAL:

- Not at risk of severe withdrawal, or moderate withdrawal is manageable at Level 3.2-D.

Dimension 2: BIOMEDICAL CONDITIONS & COMPLICATIONS:

- None or stable, or receiving concurrent medical monitoring.

Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS & COMPLICATIONS:

- Mild to moderate severity; needs structure to focus on recovery. If stable, a Dual Diagnosis Capable program is appropriate. If not, a Dual Diagnosis Enhanced program is required. Treatment should be designed to respond to the client's cognitive deficits.

Dimension 4: READINESS TO CHANGE:

- Has little awareness and needs interventions available only at Level 3.3 to engage and stay in treatment; or there is high severity in this dimension but not in others. The client, therefore, needs a Level I motivational enhancement program.

Dimension 5: RELAPSE, CONT. USE OR CONT. PROBLEM POTENTIAL:

- Has little awareness and needs intervention available only at Level 3.3 to prevent continued use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction.

Dimension 6: RECOVERY ENVIRONMENT:

- Environment is dangerous and client needs 24-hour structure to learn to cope.

II. Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

   OR

2. The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

   AND/OR

3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem (s), he or she should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer Criteria.

SERVICE CATEGORY: SUBSTANCE USE DISORDER
System Requirement: AUTHORIZED

SERVICE DEFINITION

Service Name	SHORT TERM RESIDENTIAL (CO-OCCURRING DIAGNOSIS CAPABLE)– LEVEL 3.5 ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center as required by DHHS Division of Public Health
Basic Definition	Short Term Residential Treatment is intended for adults with a primary substance use disorder requiring a more restrictive treatment environment to prevent the use of abused substances. This service is highly structured and provides primary, comprehensive substance use disorder treatment.
Service Expectations	• A strengths based substance abuse assessment and mental health screening conducted by licensed clinician prior to or at admission, with ongoing assessment as needed • An initial treatment/recovery plan (orientation, assessment schedule, etc.) to guide the first 30 days of treatment developed within 24 hours • A nursing assessment by a licensed (in NE or reciprocal) RN or LPN under RN supervision, should be completed within 24 hours of admission with recommendations for further in-depth physical examination if necessary as indicated. • Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 7 days of admission • Review and update of the treatment/recovery plan under a licensed clinician with the individual and other approved family/supports every 7 days or more often as medically indicated • Drug screenings as clinically indicated • Counseling and clinical monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living, including the establishment of each individual's social supports to enhance recovery, 24 hour crisis management, family education, self-help group and support group orientation a minimum of 42 hours per week • Monitoring stabilized co-occurring mental health problems • Monitor the individual's compliance in taking prescribed medications • Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs

Service Name	SHORT TERM RESIDENTIAL (CO-OCCURRING DIAGNOSIS CAPABLE)– LEVEL 3.5 ADULT SUBSTANCE USE DISORDER
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay.
Staffing	Clinical Director (APRN, RN, LMHP, LIMHP, licensed psychologist or LADC) working with the program and responsible for all clinical decisions (i.e. admissions, assessment, treatment/discharge planning and review) and to provide consultation and support to care staff and the individuals they serve. This individual will also continually incorporate new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation. • RNs and/or LPN's under the supervision of an RN with substance use disorder treatment experience preferred • Other program staff may include RN's, LPN's, recreation therapists or social workers • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance abuse and/or co-occurring (MH/SUD) treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder. LADC's and PLADC's are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • All staff should be educated/trained in rehabilitation and recovery
Staffing Ratio	• Clinical Director to direct care staff ratio as needed to meet all responsibilities • 1:8 Direct Care Staff to individual served during waking hours • 1:8 Therapist/ licensed clinician to individuals served • 1 awake staff for each 10 individuals during client sleep hours (overnight) with on-call availability for emergencies, 2 awake staff overnight for 11 or more individuals served • On-call availability of medical and direct care staff and licensed clinicians to meet the needs of individuals served 24/7
Hours of Operation	24/7
Desired Individual Outcome	• The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without this professional level of external supports and interventions • Individual has alternative support systems secured to help them maintain stability in the community
Rate	See Behavioral Services rate schedule; 1 unit = 1 day

UTILIZATION GUIDELINES
SHORT TERM RESIDENTIAL: Level 3.5

I. Admission Guidelines:

1. The individual meets the diagnostic criteria for a substance-related Disorder as defined in the most recent DSM, as well as the dimensional criteria for admission.
2. Individuals in Level 3.5 Dual Diagnosis Capable programs may have co-occurring mental disorders that meet the stability criteria for placement in a Dual Diagnosis Capable program; or difficulties with mood, behavior or cognition related to a substance use or mental disorder; or emotional, behavioral or cognitive symptoms that are troublesome but do not meet the DSM criteria for a mental disorder.
3. The individual who is appropriately admitted to a Level 3.5 Dual Diagnosis Enhanced program meets the diagnostic criteria for a Mental Disorder as well as a substance-related Disorder, as defined in the most recent DSM.
4. The individual meets specifications in each of the six dimensions.
5. It is expected that the individual will be able to benefit from this treatment.

The following six dimensions and criteria are abbreviated. **Providers should refer to *ASAM Criteria – 3rd Edition* beginning on page 174 for complete criteria for each dimension.**

Dimension 1: ACUTE INTOXICATION &/OR WITHDRAWAL POTENTIAL:

- At minimal risk of withdrawal, at Levels 3.3 or 3.5. If withdrawal is present, it meets Level 3.2-D criteria.

Dimension 2: BIOMEDICAL CONDITIONS & COMPLICATIONS:

- None or stable, or receiving concurrent medical monitoring.

Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS & COMPLICATIONS:

- Demonstrates repeated inability to control impulses or a personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills. A Dual Diagnosis Enhanced setting is required for SPMI Severely and Persistently Mentally Ill patients.

Dimension 4: READINESS TO CHANGE:

- Has marked difficulty with, or opposition to tx, with dangerous consequences; or there is high severity in this dimension but not in others. The client, therefore, needs a Level I motivational enhancement program.

Dimension 5: RELAPSE, CONT. USE OR CONT. PROBLEM POTENTIAL:

- Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences.

Dimension 6: RECOVERY ENVIRONMENT:

- Environment is dangerous and client lacks skills to cope outside of a highly structured 24-hour setting.

II. Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

   OR

2. The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

   AND/OR

3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem (s), he or she should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer Criteria.

SERVICE CATEGORY: SUBSTANCE USE DISORDER
System Requirement: AUTHORIZED

SERVICE DEFINITION

Service Name	DUAL DISORDER RESIDENTIAL (CO-OCCURRING DIAGNOSIS-ENHANCED) – LEVEL 3.5 ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center as required by DHHS Division of Public Health
Basic Definition	Dual Disorder Residential Treatment is intended for adults with a primary substance use disorder and a co-occurring severe and persistent mental illness requiring a more restrictive treatment environment to prevent substance use. This service is highly structured, based on acuity, and provides primary, integrated treatment to further stabilize acute symptoms and engage the individual in a program of maintenance, treatment, rehabilitation and recovery.
Service Expectations	• A strengths based substance use disorder and mental health assessment conducted by a dually licensed clinician (preferable), or a licensed clinician who is dually educated, trained, and experienced in substance use disorder, prior to or within 24 hours of admission with ongoing assessment as needed • A nursing assessment by a licensed (in NE or reciprocal) RN, or LPN under RN supervision, should be completed within 24 hours of admission with recommendations for further in-depth physical examination if necessary as indicated. • A face-to-face initial diagnostic interview by a psychiatrist, psychologist or APRN prior to or within 24 hours of admission and ongoing as clinically indicated • Individualized psychiatric services • An initial treatment/recovery plan (orientation, assessment schedule, etc.) to guide the first 30 days of treatment developed within 24 hours • Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 7 days of admission • Review and update of the treatment/recovery plan under clinical supervision with the individual and other approved family/supports every 30 days or more often as medically indicated • Therapies/interventions should include individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies, recreational activities and daily clinical services provided at a minimum of 42 hours weekly • Drug screenings as clinically indicated

Service Name	DUAL DISORDER RESIDENTIAL (CO-OCCURRING DIAGNOSIS-ENHANCED) – LEVEL 3.5 ADULT SUBSTANCE USE DISORDER
	• Medication management and education • Consultation and/or referral for general medical, psychological, and psychopharmacology needs • Discharge planning to promote successful reintegration into regular, productive daily activity such as work, school or family living, including the establishment of each individual's social supports to enhance recovery • Other services should include 24 hours crisis management, family education, self-help group and support group orientation
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay.
Staffing	• Clinical Director is a licensed clinician (Psychiatrist, APRN, RN, LMHP, LIMHP, or Licensed Psychologist) with demonstrated work experience and education/training in both mental health and addictions. They work with the program and are responsible for all clinical decisions (i.e. admissions, assessment, treatment/discharge planning and review) and provide consultation and support to care staff and the individuals they serve. The Clinical Director also continually works to incorporate new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality, organization and management of clinical records, and other program documentation. • Consulting psychiatrist • RNs and/or LPN's under the supervision of an RN with substance use disorder/psychiatric treatment experience preferred • Other program staff may include recreation therapists or social workers • Appropriately licensed and credentialed clinicians working within their scope of practice to provide co-occurring (MH/SUD) treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder. All clinicians must be dually licensed however one of the licenses could be provisional. • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • All staff should be educated/trained in rehabilitation and recovery principles.

Staffing Ratio	• Clinical Director to direct are staff ratio as needed to meet all responsibilities • 1:6 Direct Care Staff to individual served during waking hours • 1:8 Therapist/ licensed clinician to individuals served • 1 awake staff for each 10 individuals during client sleep hours (overnight) with on-call availability for emergencies, 2 awake staff overnight for 11 or more individuals served • On-call availability of medical and direct care staff and licensed clinicians 24/7
Hours of Operation	24/7
Desired Individual Outcome	• The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without this professional level of support and intervention • Individual has alternative support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule; 1 unit = 1 day

UTILIZATION GUIDELINES
DUAL DISORDER RESIDENTIAL: Level 3.5

I. Admission Guidelines:

1. The individual meets the diagnostic criteria for a substance-related Disorder as defined in the most recent DSM, as well as the dimensional criteria for admission.
2. Individuals in Level 3.5 Dual Diagnosis Capable programs may have co-occurring mental disorders that meet the stability criteria for placement in a Dual Diagnosis Capable program; or difficulties with mood, behavior or cognition related to a substance use or mental disorder; or emotional, behavioral or cognitive symptoms that are troublesome but do not meet the most recent DSM criteria for a severe and persistent mental disorder.
3. The individual who is appropriately admitted to a Level 3.5 Dual Diagnosis Enhanced program meets the diagnostic criteria for a Severe and Persistent Mental Disorder as well as a substance-related Disorder, as defined in the most recent DSM.
4. The individual meets specifications in each of the six dimensions.
5. It is expected that the individual will be able to benefit from this treatment.

The following six dimensions and criteria are abbreviated. **Providers should refer to *ASAM Criteria – 3rd Edition* beginning on page 174 for complete criteria for each dimension.**

Dimension 1: ACUTE INTOXICATION &/OR WITHDRAWAL POTENTIAL:

- At minimal risk of withdrawal, at Levels 3.3 or 3.5. If withdrawal is present, it meets Level 3.2-D criteria.

Dimension 2: BIOMEDICAL CONDITIONS & COMPLICATIONS:

- None or stable, or receiving concurrent medical monitoring.

Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS & COMPLICATIONS:

- Demonstrates repeated inability to control impulses or a personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills. A Dual Diagnosis Enhanced setting is required for SPMI Severely and Persistently Mentally Ill patients.

Dimension 4: READINESS TO CHANGE:

- Has marked difficulty with, or opposition to tx, with dangerous consequences; or there is high severity in this dimension but not in others. The client, therefore, needs a Level I motivational enhancement program.

Dimension 5: RELAPSE, CONT. USE OR CONT. PROBLEM POTENTIAL:

- Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences.

Dimension 6: RECOVERY ENVIRONMENT:

- Environment is dangerous and client lacks skills to cope outside of a highly structured 24-hour setting.

II. Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

   OR

2. The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

   AND/OR

3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem (s), he or she should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer Criteria.

SERVICE CATEGORY: SUBSTANCE USE DISORDER
System Requirement: REGISTERED

SERVICE DEFINITION

Service Name	OPIOID TREATMENT PROGRAM (OTP)
Funding Source	Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center outpatient as required by DHHS Division of Public Health
Basic Definition	The OTP provides medical and social services to severe opioid use disorder individuals along with outpatient substance use disorder treatment. This service is provided under a defined set of policies and procedures, including admission, discharge and continued service criteria stipulated by state law and regulation and the federal regulations.
Service Expectations	Refer to http://dpt.samhsa.gov/regulations/regindex.aspx
Length of Services	This service is recognized as long-term treatment, potentially for life. A range of 18 to 26 months should be the minimum time for minimally adequate physical and psychological recovery supported with at least one contact per month.
Staffing	See regulations
Staffing Ratio	See regulations
Hours of Operation	See regulations
Consumer Outcome	The precipitating condition and relapse potential is stabilized with Opioid Maintenance
Rate	See Behavioral Services rate schedule

UTILIZATION GUIDELINES
OPIOD TREATMENT PROGRAM (OTP)

I. Diagnostic Admission Criteria:

- The patient who is appropriately placed in opioid maintenance therapy is assessed as meeting the diagnostic criteria for Opioid Dependence disorder, as defined in the current DSM, or other standardized and widely accepted criteria aside from those exceptions listed in the *Federal Register* of the U.S. Department of Health and Human Services, *42 CFR Part 8*.
- Individuals who are admitted to treatment with methadone or buprenorphine must demonstrate specific objective and subjective signs of opiate dependence, as defined in *42 CFR Part 8.*.
- Continued stay is determined by reassessment of criteria and response to treatment.
- The patient who is appropriately placed in opioid maintenance therapy is assessed as meeting the required specifications in Dimensions 1 through 6.

The following six dimensions and criteria are abbreviated**. Providers should refer to *ASAM Criteria – 3rd Edition* beginning on page 174 for complete criteria for each dimension.**

Dimension 1: ACUTE INTOXICATION &/OR WITHDRAWAL POTENTIAL:
- Physiologically dependent on opiates and required OMT to prevent withdrawal.

Dimension 2: BIOMEDICAL CONDITIONS & COMPLICATIONS:
- None or manageable with outpatient medical monitoring.

Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS & COMPLICATIONS:
- None or manageable in an outpatient structured environment

Dimension 4: READINESS TO CHANGE:
- Ready to change the negative effects of opiate use, but is not ready for total abstinence.

Dimension 5: RELAPSE, CONT. USE OR CONT. PROBLEM POTENTIAL:
- At high risk of relapse or continued use without OMT and structured therapy to promote treatment progress.

Dimension 6: RECOVERY ENVIRONMENT:
- Recovery environment is supportive and/or the client has skills to cope.

Nebraska Department of Health and Human Services
Behavioral Health Adult Service Definitions
Staffing Ratios

	Direct Service Staff Day	Direct Service Staff Night	Therapist to Client Ratio	Weekly Programming Hours
Halfway House – SUD	1 staff - 10	1 staff awake overnight with on-call availability	1 therapist - 12	8
Intermediate Res – SUD	1 staff - 10	1 staff - 10 with on-call	1 therapist - 10	30
Therapeutic Community – SUD	1 staff - 10	1 staff - 10 with on-call	1 therapist - 10	30
Short Term Res – SUD	1 staff - 8	1 staff - 10 with on-call	1 therapist - 8	42
Dual Disorder Res – SUD	1 staff - 6	1 staff - 10 with on-call	1 therapist - 8	42
Social Detox	1 staff - 8	2 staff overnight	NA	NA

*Direct Service Staff Day should include the number of Licensed and Non-Licensed staff (therapists, techs)

*Direct Service Staff Night should include individuals who work nights (primarily tech staff is assumed).

*Therapist to Client ratio is referencing caseloads.

Group Ratios are recommended to be no more than 1:12 for all services.

Department of Health and Human Services
Division of Behavioral Health

SERVICE DEFINITION ADDENDUM
Medical and Therapeutic Leave

MEDICAL LEAVE DAYS: Beds in Psychiatric Residential Rehabilitation, Therapeutic Community, Intermediate Residential and Dual Disorder Residential Treatment and Secure Residential programs can be held up to 10 consecutive days per episode when a consumer is hospitalized for a period of medical/psychiatric stabilization and expected to return to the facility.

Individuals in ACT are allowed up to 10 consecutive days per episode when a consumer is hospitalized for a period of medical/psychiatric stabilization and the ACT team is actively involved in the planning for return to the community and the individual is expected to return to ACT.

Documentation of the need for stabilization is reflected in the consumer's treatment plan and file. The program will be reimbursed at the full program rate per day. This reimbursement is only available if the treatment placement is not used by another consumer. The Behavioral Health Managed Care Contractor must be notified within 24 hours of hospitalization and will reflect this information in the clinical database. More than 3 episodes in a calendar year will result in a Level of Care review. Leaves in excess of 10 consecutive days must be approved by the Department or its designee and requested through the Managed Care Contractor.

THERAPEUTIC LEAVE DAYS: Beds in Psychiatric Residential Rehabilitation, Secure Residential, Therapeutic Community, Intermediate Residential, Dual Diagnosis, and Halfway House programs can be held up to 21 days annually (from the date of admission) when a consumer is on therapeutic leave for the purposes of testing ability to function at and transition to a lesser level of care. This reimbursement is only available if the treatment bed is not used by another consumer.

Individuals discharging from Assertive Community Treatment (ACT) may be allowed a 30 day period of transition when graduating and moving to a lower level of community service (outpatient therapy, medication management, community support mental health, community support substance use disorder or day rehabilitation).

The therapeutic rationale and leave time period must be indicated in the treatment plan. Documentation of the outcome of the therapeutic leave and the need for continued residential level of care must be indicated in the consumer's record. The Department will reimburse at the full program rate per day. The Behavioral Health Managed Care Contractor must receive prior notification. Leave in excess of established time frames (21 days or 30 days for ACT per annum) must be approved by the Department or its designee and requested through the Managed Care Contractor.


Department of Health & Human Services
DHHS
NEBRASKA